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| ter you are filing under; napter 7 napter 11 napter 12 napter 13 |
|--|
| |

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
DEC 05 2016

JEFFREY P. ALLSTEADT IN CLERK amended filling

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|--|----------------------------|--|
| Your full name | | |
| Write the name that is on you | Reddrick | |
| government-issued picture identification (for example, | First name | First name |
| your driver's license or | Lamont | . Act have |
| passport). | Middle name | Middle name |
| Bring your picture | McDowell | |
| identification to your meeting with the trustee. | Last name | Last name |
| | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| All other names you | n/a | 1.0002000211111111111111111111111111111 |
| have used in the last 8 | First name | First name |
| years | Hathane | riist name |
| Include your married or maiden names. | Middle name | Middle name |
| | Last name | Last name |
| | First name | First name |
| | Middle name | Middle name |
| | Last name | Last name |
| ange – i der tangsterrende sakkenskingspræsser sterrende for perjeve har ja i er frei i tilberklikkenski | | TO STATE OF A STATE OF |
| Only the last 4 digits of your Social Security | xxx - xx - <u>8 7 9 2</u> | xxx - xx |
| number or federal | OR . | OR |
| Individual Taxpayer | 0 | |
| Identification number | 9 xx - xx | 9 xx - xx |

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| Deb | tor 1 Reddrick L. First Name Middle N | McDowell Last Name | | Case number (if known) | |
|----------------|--|--|--|---|--|
| ng pidagagayan | | n Kananingalikan iki intermikat didaktangalika penti parti Uras dida tihar kidan kanalangan pentangan pentanga | | | |
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint C | Case): |
| | Any business names and Employer Identification Numbers (EIN) you have used in | ☑ I have not used any bus | siness names or EINs. | T have not used any business names or | EINs. |
| | the last 8 years Include trade names and | Business name | | Business name | |
| | doing business as names | Business name | | Business name | |
| | | EIN | de Millertheire erlandent menseurer | EIN | |
| | | EIN | | EIN | |
| 5. | Where you live | | TRA PROPERTY AND THE STATE OF T | If Debtor 2 lives at a different address: | |
| | | 1022 South Briggs Str | reet | Number Street | |
| | | Tallia Ondo | | | |
| | | Joliet | IL 6043 | | |
| | | City Will | State ZIP Cod | de City State | ZIP Code |
| | | County | | County | |
| | | If your mailing address is above, fill it in here. Note the any notices to you at this ma | hat the court will send | If Debtor 2's mailing address is different to yours, fill it in here. Note that the court will any notices to this mailing address. | |
| | | Number Street | | Number Street | |
| | | P.O. Box | | P.O. Box | |
| | | City | State ZIP Cod | e City State 2 | ZIP Code |
| | Why you are choosing | Check one: | PARTITION OF AN ANTICOLOGY AND STATE OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CONTRACT OF THE CO | сти строизобне выполняющим и наприложенняющим отностивности от том инчестриложения списочения со на подочения Check one: | NIIIONY I TEMPONY PROPRINT POST CONTRACT |
| | his district to file for pankruptcy | Over the last 180 days be I have lived in this district other district. | efore filing this petition, t longer than in any | Over the last 180 days before filing this post- i have lived in this district longer than in a other district. | etition, ny |
| | | I have another reason. E. (See 28 U.S.C. § 1408.) | xplain. | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | |
| | | | | | |
| | | | ************************************** | | |
| | | | | | |

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| Debtor 1 | Reddrick L. First Name Middle No | | Dowell Last Name | | | Case number (#) | known) |
|---|--|--|---|---|--|---|---|
| | | | | | | | |
| Part 2: | Tell the Court Abo | ut Your I | Bankruptcy (| Case | | | |
| | hapter of the ruptcy Code you | Check of | one. (For a brie kruptcy (Form 2 | f description of each, se 2010)). Also, go to the to | ee <i>Not</i> . op of p | ice Required by 11 age 1 and check t | 1 U.S.C. § 342(b) for Individuals Filing he appropriate box. |
| are ch under | hoosing to file | ☑ Cha | apter 7 | | | | |
| 411401 | | ☐ Cha | apter 11 | | | | |
| | | ☐ Cha | pter 12 | | | | |
| and a proper selection of the selection | The state of the s | ☐ Cha | pter 13 | | | | |
| . How y | ou will pay the fee | loca you sub with I ne App I red By I less pay | al court for morself, you may mitting your part a pre-printed ed to pay the dication for Inc. quest that my aw, a judge morthan 150% of the fee in institutions. | re details about how pay with cash, cash ayment on your behal address. Fee in installments dividuals to Pay The pay, but is not require the official poverty is pay to pay, but is not required. | you r tier's c alf, yo . If yo Filing u may ed to, ine th ose tr | nay pay. Typical check, or money ur attorney may u choose this or Fee in Installme request this opt waive your fee, a at applies to you mis option, you m | eck with the clerk's office in your ally, if you are paying the fee order. If your attorney is pay with a credit card or check official, sign and attach the ents (Official Form 103A). Ition only if you are filing for Chapter 7 and may do so only if your income is a rfamily size and you are unable to east fill out the Application to Have the |
| | ou filed for | ⊿ No | | | | | |
| | years? | ☐ Yes. | District | | When | MM / DD / YYYY | Case number |
| | | | District | | When | | Case number |
| | | | District | | When | | |
| | | | *************************************** | | | MM / DD / YYYY | Case number |
| | y bankruptcy | ☑ No | | | | | |
| filed b | pending or being y a spouse who is | 🔲 Yes. | Debtor | | | | Relationship to you |
| you, o | ng this case with r by a business r, or by an e? | | District | | When | MM/DD/YYYY | Case number, if known |
| | | | Debtor | | | | Relationship to you |
| | | | District | HA-MM-Martin and a second a second and a second a second and a second a second and a second and a second and | When | MM / DD / YYYY | Case number, if known |
| | ı rent your nce? | □ No. | Go to line 12. | | | | and do you want to stay in your |
| | | | | | ut an E | Eviction Judgment | Against You (Form 101A) and file it with |

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| btor 1 Reddrick L. First Name Middle Na. | | Dowell Last Name | | Case | e number (il known) | *** | |
|--|--------------|---|---|--|---|--|---|
| rt 3: Report About Any | Busines | ses You Own as a S | ole Propr | ietor | | | |
| Are you a sole proprietor | [Z] No | Go to Part 4. | | | | - | |
| of any full- or part-time | | | | | | | |
| business? A sole proprietorship is a | ∟ Yes | . Name and location of b | usiness | | | | |
| business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or | | Name of business, if any | | 1-10-1011-00-1011-0-1-1-1-1-1-1-1-1-1-1 | 1909-9600 | | *************************************** |
| LLC. If you have more than one | | Number Street | , , , , , , , , , , , , , , , , , , , | A Partition of Management of the same of t | | | |
| sole proprietorship, use a separate sheet and attach it | | \$=\$ 7 /\$6/\$ | *************************************** | \ | *************************************** | | 444464 |
| to this petition. | | City | | | State | ZIP Code | |
| | | Check the appropriate I | ox to desc | ribe your busines. | s: | | |
| | | ☐ Health Care Busine | ss (as defin | ed in 11 U.S.C. § | 101(27A)) | | |
| | | ☐ Single Asset Real E | state (as de | efined in 11 U.S.C | C. § 101(51B)) | | |
| | | ☐ Stockbroker (as defi | ned in 11 L | J.S.C. § 101(53A) |) | | |
| | | ☐ Commodity Broker (| as defined | in 11 U.S.C. § 10 | 1(6)) | | |
| | | ☐ None of the above | | | | | |
| Bankruptcy Code and are you a small business debtor? For a definition of small | any of th | pent balance sheet, state nese documents do not e I am not filing under Cha | xist, follow | the procedure in | 11 U.S.C. § 11 | 16(1)(B). | Joine lax return or n |
| business debtor, see 11 U.S.C. § 101(51D). | ☐ No. | t am filing under Chapte the Bankruptcy Code. | r 11, but I a | m NOT a small b | usiness debtor | according to | the definition in |
| | ☐ Yes. | I am filing under Chapte Bankruptcy Code. | 11 and I a | m a small busine | ss debtor acco | rding to the o | definition in the |
| rt 4: Report if You Own o | or Have | Any Hazardous Prop | erty or A | ny Property Th | at Needs In | imediate / | Attention |
| Do you own or have any property that poses or is | No | | | | | | |
| alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any | Yes. | What is the hazard? | | | | | |
| property that needs immediate attention? | | If immediate attention is | s needed, v | hy is it needed? | | | |
| For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | | | | | |
| | | Where is the property? | Number | Street | | AA PARAPARAN AMARA A | |
| | | | | ····· | | | *************************************** |
| | | | City | | | State | ZIP Code |

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| Debtor 1 | Reddrick | CL. | McDowell | Case number (if known) |
|----------|------------|-------------|-----------|------------------------|
| | First Name | Middio Name | Last Name | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

| About | Debtor | 1 |
|-------|--------|---|
|-------|--------|---|

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about |
|---|
| credit counseling because of: |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after t

reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I | а | ιm | ì | n | ot | re | q | ılı | ed | to | re | ce | iv | 9 8 | a | br | ie | fir | ١g | al | ю | ut |
|---|---|----|---|----|----|----|----|-----|-----|-----|----|----|----|-----|----|----|----|-----|----|----|---|----|
| € | r | e | l | it | CC | u | ns | eli | ing | jbι | ЭС | au | se | 0 | f: | | | | | | | |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a briefing in person, by phone, or

through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| De | ebtor 1 REGATICK L. First Name Middle Na | McDowell | Case number (if ki | nown) |
|-----|--|---|--|---|
| P | | estions for Reporting Purpo | oses | |
| 16 | . What kind of debts do you have? | as "incurred by an individual of the second | arily consumer debts? Consumer debts dual primarily for a personal, family, or hou arily business debts? Business debts investment or through the operation of the operation operation of the operation oper | s are debts that you incurred to obtain business or investment. |
| 17. | Are you filing under Chapter 7? Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | administrative expens | Chapter 7. Go to line 18. pter 7. Do you estimate that after any exercises are paid that funds will be available to | mpt property is excluded and distribute to unsecured creditors? |
| 18. | How many creditors do you estimate that you owe? | ✓ 1-49✓ 50-99✓ 100-199✓ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 |
| 19. | How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| | How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion |
| Fo | r you | correct. If I have chosen to file under CI of title 11, United States Code. under Chapter 7. If no attorney represents me an this document, I have obtained I request relief in accordance w I understand making a false sta | ult in fines up to \$250,000, or imprisonme and 3571. | if eligible, under Chapter 7, 11,12, or 13 ch chapter, and I choose to proceed who is not an attorney to help me fill out (a) § 342(b). Tode, specified in this petition. The money or property by fraud in connection and for up to 20 years, or both. |
| | Construction of the Advantage and the Advantage of the Ad | MM / DD/ / | YYYY | MM / DD /YYYY |

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| Debtor 1 | Reddrick L. First Name Middle Nam | McDowell Last Name | Case number (if known) |
|---|---|---|--|
| la reigne er en | | | |
| bankrupt attorney | f you are filing this cy without an | should understand that themselves successfull | n individual, to represent yourself in bankruptcy court, but you many people find it extremely difficult to represent y. Because bankruptcy has long-term financial and legal strongly urged to hire a qualified attorney. |
| an attorn | represented by ey, you do not le this page. | technical, and a mistake or dismissed because you did hearing, or cooperate with firm if your case is selected | t correctly file and handle your bankruptcy case. The rules are very inaction may affect your rights. For example, your case may be not file a required document, pay a fee on time, attend a meeting or the court, case trustee, U.S. trustee, bankruptcy administrator, or audit if for audit. If that happens, you could lose your right to file another ections, including the benefit of the automatic stay. |
| | | court. Even if you plan to p in your schedules. If you do property or properly claim it also deny you a discharge case, such as destroying of cases are randomly audited | erty and debts in the schedules that you are required to file with the ay a particular debt outside of your bankruptcy, you must list that debt o not list a debt, the debt may not be discharged. If you do not list t as exempt, you may not be able to keep the property. The judge can of all your debts if you do something dishonest in your bankruptcy r hiding property, falsifying records, or lying. Individual bankruptcy d to determine if debtors have been accurate, truthful, and complete. |
| | | hired an attorney. The cour successful, you must be far | an attorney, the court expects you to follow the rules as if you had t will not treat you differently because you are filing for yourself. To be miliar with the United States Bankruptcy Code, the Federal Rules of the local rules of the court in which your case is filed. You must also comption laws that apply. |
| | | Are you aware that filing for consequences? | bankruptcy is a serious action with long-term financial and legal |
| | | □ No | |
| | | ☑ Yes | |
| | | | etcy fraud is a serious crime and that if your bankruptcy forms are ou could be fined or imprisoned? |
| | | ☐ No | |
| | | Yes | |
| | | Did you pay or agree to pay No | someone who is not an attorney to help you fill out your bankruptcy forms? |
| | | Yes. Name of Person Vel Attach Bankruptcy Po | ronica Eason etition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | | have read and understood ti | dge that I understand the risks involved in filing without an attorney. I his notice, and I am aware that filing a bankruptcy case without an use my rights or property if I do not properly handle the case. |
| | | * Keddunk mu | facilit x |
| | | Signature of Debtor 1 Date 12 / 2 | Signature of Debtor 2 |
| | | Contact phone | Contact phone |
| | | Cell phone 8/5-2/2 | -2372 Cell phone |
| | | Email address Red MCd | auell @ /aha . Com Email address |

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| Debtor 1 | Reddrick | L. | McDowell | |
|-------------------------------|------------------------|---------------------------|-------------|--|
| 00001 | First Name | Middle Name | Last Name | |
| Debtor 2 (Spouse, if filin | g) First Name | Middle Name | Last Name | |
| United State | s Bankruptcy Court for | the: Northern District of | of Illinois | |

☐ Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Part 1: Summarize Your Assets | |
|--|--|
| | Your assets Value of what you own |
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ |
| 1ь. Copy line 62, Total personal property, from Schedule A/B | \$1,800.00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$1,800.00 |
| Part 2: Summarize Your Liabilities | |
| | Your liabilities Amount you owe |
| Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$0.00 |
| 3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ 22,223.00 |
| Your total liabilities | \$22,223.00 |
| Part 3: Summarize Your Income and Expenses | |
| 4. Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$2,099.00 |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | 2.070.00 |
| | migas sinis i taka antas A salimbia at primina kina iska birakeppenjeninka inka askabila a india bir dip |

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Case number (if known)____

McDowell

Debtor 1

| P | art 4: Answer These Questions for Administrative and Statistical Records | s | |
|----|--|-----------------------------------|--|
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? | | |
| | ☐ No. You have nothing to report on this part of the form. Check this box and submit this to Yes | form to the court with your other | schedules. |
| 7. | What kind of debt do you have? | | agase dimente militaria de como estratorio de Astronomento de como em esta Astronomo Secundados con estre esta |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by are family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. | | nal, |
| | Your debts are not primarily consumer debts. You have nothing to report on this part this form to the court with your other schedules. | rt of the form. Check this box an | d submit |
| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly in Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. | ncome from Official | \$ |
| 9. | Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: | Total claim | provide and surface manager of held in which as a surfficient free department of the |
| | | W. Santa and Company | |
| | From Part 4 on Schedule E/F, copy the following: | | |
| | 9a. Domestic support obligations (Copy line 6a.) | \$0.00 | |
| | 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$0.00 | |
| | 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$0.00 | |
| | 9d. Student loans. (Copy line 6f.) | \$8,578.00 | |
| | 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | |
| | 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | + \$ 0.00 | |
| | 9g. Total. Add lines 9a through 9f. | \$ 8,578.00 | |

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| Fill in this | information to identify you | ır caso and this | filine | | | | |
|---------------------------------------|--|--|---|---------------------------|--|----------------|----------------------------|
| i ili si tiliə | | n cusc and the | | | | | |
| Debtor 1 | Reddrick First Name | L. Middle Name | McDowell Last Name | | | | |
| Debtor 2 (Spouse, if filing | ng) First Name | Middle Name | Last Name | | | | |
| | es Bankruptcy Court for the: Nor | thern District of | Illinois | | | | |
| Case numbe | | | | | | | |
| Case numbe | | | | | | | if this is an ed filing |
| | | | | | | ameno | ea ming |
| Officia | al Form 106A/B | | | | | | |
| Sche | edule A/B: P | ropert | y | | | | 12/15 |
| category v responsib write your | where you think it fits best. ble for supplying correct in r name and case number (i | . Be as comple formation. If me f known). Answ | s. List an asset only once. If an asset fits te and accurate as possible. If two marric pre space is needed, attach a separate sh per every question. Land, or Other Real Estate You Own | ied people heet to thi | eare filing together, s form. On the top o | both are eq | ually |
| 1. Do you | own or have any legal or e | quitable intere | st in any residence, building, land, or sim | nilar prope | erty? | | |
| | Go to Part 2. | | | | | | |
| TYes. | . Where is the property? | | What is the property? Check all that apply | h.c | | | |
| | | | Single-family home | · J · | Do not deduct secured the amount of any sec | ired claims on | Schedule D: |
| 1.1. <u> </u> | Street address, if available, or oth | er description | Duplex or multi-unit building | | Creditors Who Have C | laims Secured | i by Property. |
| | | · | ☐ Condominium or cooperative ☐ Manufactured or mobile home | | Current value of the entire property? | | value of the you own? |
| _ | | | ☐ Land | | \$ 0.00 | | 0.00 |
| | | | ☐ Investment property | | Describe the natur | e of vour ov | vnershin |
| c | City Sta | te ZIP Code | ☐ Timeshare ☐ Other | | interest (such as for the entireties, or a | e simple, te | nancy by |
| | | | Who has an interest in the property? | Check one. | the entireties, or a | me estate), | ii KiiOWii. |
| | | | Debtor 1 only | | | <u> </u> | |
| c | County | | Debtor 2 only | | ☐ Check if this is | community | property |
| | | | Debtor 1 and Debtor 2 only At least one of the debtors and another | | (see instructions | _ | |
| | | | Other information you wish to add abo | out this ite | | | |
| l e concens | um as baua mara than ana fi | nt hara: | property identification number: | | | - | |
| if you ov | wn or have more than one, lis | striere. | What is the property? Check all that apply. | , | Do not deduct secured | claims or exe | motions. Put |
| | | | Single-family home | | the amount of any sec Creditors Who Have C | ired claims on | Schedule D: |
| 1.2. S | Street address, if available, or oth | er description | Duplex or multi-unit building Condominium or cooperative | | | | |
| | | | Manufactured or mobile home | | Current value of th entire property? | | value of the you own? |
| | | | Land | | \$ | <u> </u> | 0.0 |
| | | | Investment property Timeshare | | Describe the nature of your | | vnership |
| C | City Sta | te ZIP Code | ☐ Other | | interest (such as for the entireties, or a | | |
| | | | Who has an interest in the property? Ch | heck one. | Greentinedes, or a | • • | |
| | | | Debtor 1 only | | | | |
| c | County | | Debtor 2 only | | | | |
| | | | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | | Check if this is (see instructions | _ | property |
| | | | Other information you wish to add shou | 4 44-1- 14 | , | • | |

property identification number: ___

Filed 12/05/16 Entered 12/05/16 14:11:19 Document Page 11 of 56 Reddrick McDowell Debtor 1 Case number (if kni First Name What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home 0.00 0.00 Land Investment property City ☐ Timeshare Describe the nature of your ownership ZIP Code State interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one Debtor 1 only County Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.1 the amount of any secured claims on Schedule D. Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 0.00 0.00 Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 0.00 0.00 ☐ Check if this is community property (see instructions)

Case 16-38333

Doc 1

Desc Main

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Reddrick McDowell Debtor 1 Case number (if known) Pirst Name Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.3. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 0.00 ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. 3.4. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 0.00 0.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories 2 No ☐ Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see 0.00 0.00 instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another 0.00 0.00 Check if this is community property (see instructions) 5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages 0.00 you have attached for Part 2. Write that number here

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Doc 1

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Desc Main

Debtor 1

Reddrick

4

McDowell

Case number (if known

Describe Your Personal and Household Items Part 3: Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware 600.00 Yes. Describe...... Furniture 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No 200.00 Yes. Describe... Electronics 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles **21** No 0.00 Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No 0.00 Yes, Describe...... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment 🛛 No 0.00 Yes. Describe.... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories □ No 200.00 Yes. Describe...... Clothings 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No 200.00 Yes. Describe..... Jewelry 13. Non-farm animals Examples: Dogs, cats, birds, horses ☑ No 0.00 Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No 0.00 Yes. Give specific information. 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached 1,200.00 for Part 3. Write that number here

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Debtor 1

Reddrick

McDowell

Case number (if known)_

| Dort | 4 |
|------|---|
| | |

Describe Your Financial Assets

| Do you own or have an | y legal or equitable interest in | any of the following? | portion yo | ct secured claims |
|--|--|---|------------|-------------------|
| 16. Cash <i>Examples:</i> Money you | ı have in your wallet, in your hor | ne, in a safe deposit box, and on hand when you file your petition | | |
| ☑ No | | | | |
| | | Cash: | ····· \$ | 0.00 |
| 17. Deposits of money Examples: Checking, and other s | savings, or other financial accoi similar institutions. If you have n | unts; certificates of deposit; shares in credit unions, brokerage hous nultiple accounts with the same institution, list each. | ses, | |
| ☐ Yes | | Institution name: | | |
| | 17.1. Checking account: | | \$ | 0.00 |
| | 17.2. Checking account: | | \$ | 0.00 |
| | 17.3. Savings account: | Numark Credit Union | \$ | 0.00 |
| | 17.4, Savings account: | | \$ | 0.00 |
| | 17.5. Certificates of deposit: | | \$ | 0.00 |
| | 17.6. Other financial account: | | \$ | 0.00 |
| | 17.7. Other financial account: | | \$ | 0.00 |
| | 17.8. Other financial account: | | \$ | 0.00 |
| | 17.9. Other financial account: | | \$ | 0.00 |
| 18 Bonds mutual funds | or publicly traded stocks | | | |
| | , - | erage firms, money market accounts | | |
| ☑ No | | | | |
| ☐ Yes | Institution or issuer name: | | | 0.00 |
| | | | \$ | 0.00 |
| | | | \$ | 0.00 |
| | | | \$ | 0.00 |
| 9. Non-publicly traded s an LLC, partnership, | = | rated and unincorporated businesses, including an interest in | | |
| ☑ No | Name of entity: | % of ownership: | | |
| Yes. Give specific information about | | | \$ | 0.00 |
| them | | 0% % | \$ | 0.00 |
| | | | \$ | 0.00 |

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| Debtor 1 | First Name | L. | VICLOWEII Case number (if know | wn) | |
|----------------------|---------------------|------------------------|--|---|--------|
| | rast Name | Middle Name | Last Name | | |
| | | | | | |
| | | | her negotiable and non-negotiable instruments | | |
| | | | ecks, cashiers' checks, promissory notes, and money orders. annot transfer to someone by signing or delivering them. | | |
| - | , | | | | |
| Ø No □ ves | Give specific | issuer name: | | | |
| inforr | nation about | | | \$ | 0.00 |
| tnem | L | | | | 0.00 |
| | | | | ş | 0.00 |
| | | | | | , |
| | ent or pension | | | | |
| | es: Interests in IF | RA, ERISA, Keogh, | 401(k), 403(b), thrift savings accounts, or other pension or profit | t-sharing plans | |
| ☑ No | List each | | | | |
| | | Type of account: | Institution name: | | |
| | | 401(k) or similar plan | | \$ | 0.00 |
| | | Pension plan: | | \$ | 0.00 |
| | | IRA: | | \$ | 0.00 |
| | | Retirement account: | | \$ | 0.00 |
| | | Keogh: | | \$ | 0.00 |
| | | Additional account: | | \$ | 0.00 |
| | | Additional account: | | \$ | 0.00 |
| | | | | Ψ | • |
| Your sha Example | | deposits you have i | made so that you may continue service or use from a company nid rent, public utilities (electric, gas, water), telecommunications | | |
| | , | ir | istitution name or individual: | | |
| | | Electric: | | *************************************** | 0.00 |
| | | Gas: | | | 0.00 |
| | | Heating oil: | | \$ | 0.00 |
| | | Security deposit on re | ental unit: Larry Formella | | 600.00 |
| | | Prepaid rent: | | | 0.00 |
| | | Telephone: | | \$ | 0.00 |
| | | Water: _ | | | 0.00 |
| | | Rented furniture: | | \$ | 0.00 |
| | | Other: | | | 0.00 |
| | | | | | |
| 3. Annuitie s | s (A contract for | a periodic payment | of money to you, either for life or for a number of years) | | |
| No | | | | | |
| Yes | ******* | Issuer name and de | scription: | | 0.00 |
| | | | | \$ | 0.00 |
| | | | | \$ | 0.00 |

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Document Reddrick L. McDowell

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| Debtor 1 Reddrick L. First Name Middle Name | McDowell Last Name | Case number (if known) | | |
|--|--|--|---------------|--------------------------------|
| , ast Name stander Name | Last vame | | | |
| 24 Interacte in an advention IDA in an - | account in a smallfield ADI 5 | | | |
| 26 U.S.C. §§ 530(b)(1), 529A(b), and 52 | scount in a qualified ABLE prog 29(b)(1). | ram, or under a qualified state tuition program | | |
| ☑ No | (-)(-) | | | |
| DI v. | on name and description. Constate | ly file the records of any interests.11 U.S.C. § 521 | | |
| moteure | ar name and description. Separate | my life the records of any interests, 11 U.S.C. § 521 | (c): | |
| *************************************** | | | . \$ <u>.</u> | 0.00 |
| 0.00 | | | . \$ | 0.00 |
| | | | · \$ | 0.00 |
| or Tours | | | | |
| 5. Trusts, equitable or future interests in exercisable for your benefit | property (other than anything l | isted in line 1), and rights or powers | | |
| ☑ No | | | | |
| ☐ Yes. Give specific | The many by the manufacture of the first of the property and the property of t | | | |
| information about them | | | \$ | 0.0 |
| 6. Patents, copyrights, trademarks, trade | e secrets, and other intellectual | property | - 15.00(4) | |
| Examples: Internet domain names, webs | | | | |
| ☑ No | • | | | |
| ☐ Yes. Give specific | # miles frequency on spare in a requirement of the miles of bibliography of the Apple against the miles of the miles of the frequency of the f | | | |
| information about them | | | \$ | 0.0 |
| bragama automorphism (a to a t | a compare and make a loss to find a fight on the fight of the common common common the desired the fight of the first to compare compare the fight of the first to compare com | | | |
| Licenses, franchises, and other gener Examples: Building permits, exclusive licenses | | oldings, liquor licenses, professional licenses | | |
| 2 No | enses, cooperative association no | ndings, ilquoi ilcenses, professional ilcenses | | |
| Yes. Give specific | . | | | |
| information about them | | | \$ | 0.00 |
| Landard Commence of the Commen | AND AND ADDRESS OF THE PROPERTY OF THE PROPERT | | | |
| loney or property owed to you? | | Final Company of the state of t | Curren | t value of the |
| | | | portion | you own? |
| CREATER CONTRACT | | | | educt secured r exemptions. |
| 3. Tax refunds owed to you | | | | |
| ☑ No | | | | |
| Yes. Give specific information | mm & do: 0000 communicarily and do: 0000 for the Commission of the | Federal: | \$ | 0.00 |
| about them, including whether you already filed the returns | | | » | 0.00 |
| and the tax years | | State: | \$ | |
| | | Local: | \$ | 0.00 |
| | | | | |
| Family support | concusal augment abilities and a | naintenance, divorce settlement, property settleme | 4 | |
| No | r, spousai support, chiid support, ri | namenance, divorce settlement, property settleme | nt | |
| Yes. Give specific information | ALSO SEED AND SEED OF SECURITY | Pulling A file in the distribution and a sequence of the contract of the contr | | |
| Tes: Give specific information | | Alimony: | \$ | 0.00 |
| | | Maintenance: | \$ | 0.00 |
| | | Support: | \$ | 0.00 |
| | | Divorce settlement: | \$ \$ | 0.00 |
| | | Property settlement: | \$ | 0.00 |
| Oth | E - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | and the same of th | - | |
| Other amounts someone owes you Examples: Unpaid wages, disability insura | ance payments, disability henefits | sick pay, vacation pay, workers' compensation, | | |
| Social Security benefits; unpai | id loans you made to someone else | e | | |
| ☑ No | g minimuski sususuju najaja ninja najajajaja jinga najajajaja najajajaja ja jana anakanasia anakanasia anakana | | | |
| ☐ Yes. Give specific information | | The state of the s | | 0.0 |
| | | | \$ | 0.00 |

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McDowell Reddrick Debtor 1 Case number (if ki 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Z No Yes. Name the insurance company Surrender or refund value: Beneficiary: Company name: of each policy and list its value ... 0.00 0.00 0.0032. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No Yes. Give specific information....... 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue 2 No Yes. Describe each claim..... 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☑ No Yes. Describe each claim. 0.00 35. Any financial assets you did not already list **V** No 0.00 Yes. Give specific information...... 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached 600.00 for Part 4. Write that number here Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. Part 5: 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims 38. Accounts receivable or commissions you already earned No Yes, Describe. 0.00 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices No 0.00 Yes, Describe.

Case 16-38333 Doc 1 Filed 12/05/16 Entered 12/05/16 14:11:19 Desc Main Page 18 of 56 Document McDowell Reddrick Case number (if known), Debtor 1 First Name 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade Yes. Describe... 0.00 41. Inventory ☑ No 0.00 ☐ Yes. Describe 42. Interests in partnerships or joint ventures ☑ No Yes. Describe...... % of ownership: Name of entity: 0.00 0.00 % 0.00 43. Customer lists, mailing lists, or other compilations ☑ No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 0.00 44. Any business-related property you did not already list **☑** No Yes. Give specific 0.00 information 0.00 0.00 0.00 0.00 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached 0.00 for Part 5. Write that number here Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish

0.00

☐ Yes.....

M No

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| Debtor 1 | Reddrick | L. | McDowel | | Case number (if known) | | |
|-------------------|--------------------------|---|--|--|---|--------------|---|
| | First Name | Middle Name | Last Name | | | | |
| 48. Crop : | s—either growin | g or harvested | | | | | |
| Ø N □ Y | io 'es. Give specific | | | To control to the Ministry of the State of t | | | 0.00 |
| | nformation | | | | one on a reason as a shall as one of his party and the control of the party and delay the proper proper and a | \$ | 0.00 |
| 49. Farm | | | s, machinery, fixtures | | | | |
| | es | in the second | | | kontentralische Lakada Woodda Vurdadauduk vir da Wrodad uitste 1999 er een tereer een seen die | han ng | 0.00 |
| | | tomers Advantage Adva | | ye enga ayona akkada madda madda madda anda Alabada Alabada Alabada Alabada Alabada Alabada Alabada Alabada A | | _j \$ | 0.00 |
| | | plies, chemicals, ar | d feed | | | | |
| ☑ N | lo 'es | my Avadavida Paditahan Annihaman samuna sassar successor (s | | Abriddensk fil boddfyld ogriffelige y ywy yfelliwdainigenifaid oed harrollaeth en y i i o | 880 (111 Pino) 111 1110 110 A First Fill AF | | |
| | | | | | | \$ | 0.00 |
| 51. Any f | | | d property you did no | | | | |
| ☐ Y | es. Give specific | | | efectioned a framework action accommodated to the SMA Action FAM A | | | 0.00 |
| | nformation | | | agan ayan ya ayan an dan danada asaada a Anada da | | \$ | *************************************** |
| 52. Add t | the dollar value o | of all of your entries | from Part 6, includir | ng any entries for pages | you have attached | \$ | 0.00 |
| | | | | | | <u> </u> | |
| Part 7: | D escribe | All Property Yo | u Own or Have a | n Interest in That | You Did Not List Above | | |
| | | | | | | | |
| | | operty of any kind y country club members | rou did not already li s hip | st? | | | |
| Ø N | 1 | | | | | \$ | 0.00 |
| | es. Give specific | | | | | \$ | 0.00 |
| | 1 | | | | | \$ | 0.00 |
| | ` | | | | | s | 0.00 |
| 54. Add t | he dollar value o | f all of your entries | from Part 7. Write th | at number here | | | |
| and the second | | and a supplemental of the | · · · · · · · · · · · · · · · · · · · | | | | |
| Part 8: | List the To | otals of Each P | art of this Form | | | | |
| 55. Part 1 | l: Total real estat | e, line 2 | | | | \$ | 0.00 |
| 56. Part 2 | 2: Total vehicles, | line 5 | | \$0.00 | | | |
| | | and household iter | ns, line 15 | \$1,200.00 | | | |
| | · 4: Total financial | | | \$600.00 | | | |
| 59. Part 5 | 5: Total business | -related property, li | ne 45 | \$0.00 | | | |
| | | I fishing-related pro | | \$0.00 | | | |
| | | perty not listed, lin | | +s 1,800.00 | | | |
| | | | ugh 61 | s 1,800.00 | Copy personal property total | . + s | 1,800.00 |
| oz. i viai | hereough brober | .y. 7 100 mios 00 mios | -a | | | * | |
| 63 Total | of all property of | n Schedule A/B. Ad | d line 55 + line 62 | | | \$ | 1,800.00 |
| oo. Total | o, an property of | | | | | | |

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| Fill in this i | nforma | tion to identify y | our case: | | | | | |
|--|---|---|---|--|--|--|--|---|
| 600 00000000000000000000000000000000000 | Redo | | L. | McDowell | 11 - 14 DE 544 - 1-11 - 1 | | | |
| Debtor 1 | First Na | | Middle Name | Last N | Name | | | |
| Debtor 2 (Spouse, if filing | g) First Na | me | Middle Name | Last N | Name | - | | |
| United States | s Bankruj | otcy Court for the: N | Iorthern Distric | t of Illinois | | | | |
| Case numbe (If known) | r | | | | | | | Check if this is an amended filing |
| Official | Forn | n 106C | | | | | | |
| | | | e Prop | erty Yo | ou Clai | m as Exemp | t | 04/16 |
| Using the pro | perty yo ded, fill o | ou listed on Sche | <i>dule A/B: Prop</i> this page as n | erty (Official Forn | n 106A/B) as you | th are equally responsible for ar source, list the property that Page as necessary. On the top | you claim as e | exempt. If more |
| specific doll of any applic retirement fu limits the ex | ar amoi able st inds—r emptioi | unt as exempt. A atutory limit. So nay be unlimited | Alternatively, me exemptio i in dollar am dollar amoun | you may claim tl ns—such as tho ount. However, i it and the value o | he full fair mark se for health ai if you claim an e | the exemption you claim. O et value of the property beir ds, rights to receive certain exemption of 100% of fair m is determined to exceed tha | ng exempted ι benefits, and arket value ur | up to the amount tax-exempt nder a law that |
| Part 1: | ldentif | y the Property | / You Claim | as Exempt | | | | |
| You You | are clai are clai | ming state and fe ming federal exe | deral nonbant mptions. 11 U | ruptcy exemptior .S.C. § 522(b)(2) | ns. 11 U.S.C. § 8 | | | |
| Brief d | escriptio | on of the propert | y and line on | Current value of | f the Amount | he information below. of the exemption you claim | Specific lav | ws that allow exemption |
| Sched | ule A/B t | that lists this pro | perty | Copy the value fr Schedule A/B | | nly one box for each exemption. | | |
| Brief descripi | tion: | Furnishing | | \$ <u>600.00</u> | <u> </u> | | 735 ILCS | 5/12-1001(b) |
| Line fro Schedu | | 6 | | | | % of fair market value, up to applicable statutory limit | | |
| Brief descrip | tion: | Electronics | | \$ <u>200.00</u> | ☑ \$ <u>2</u> | 00.00 % of fair market value, up to | 735 ILCS | 5/12-1001(b) |
| Line fro Schedu | | 7 | | | | applicable statutory limit | | |
| Brief descrip | lion: | Clothings | | \$ <u>200.00</u> | 2 \$ <u>2</u> | 00.00 % of fair market value, up to | 735 ILCS | 5/12-1001(a) |
| Line fro Schedu | m ele A/B: | 11 | | | | applicable statutory limit | | |
| 3. Are you (Subject | ı claimi I to adju | ng a homestead stment on 4/01/1 | exemption o 9 and every 3 | f more than \$160 years after that fo | 0,375? or cases filed on | or after the date of adjustmen | l.) | |
| ☑ No | - | | | | | ys before you filed this case? | | |
| | No Yes | | | | | | | |

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Debtor 1

| First Name | Middle Name | Last Name | |
|------------|-------------|-----------|--|

Case number (if known)_____

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| | |

Additional Page

| | of the property and line hat lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|---|--|--|--|--|
| | | Copy the value from Schedule A/B | Check only one box for each exemption | |
| Brief description: Science 11 | ecurity Deposit | \$ 600.00 | ≦ \$ 600.00 | 735 ILCS 5/12-1001(b) |
| Schedule A/B: Brief description: | eposit Of Money | \$ 200.00 | any applicable statutory limit \$ 200.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 17 | 7.3 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: Je | ewerly 2 | \$200.00 | \$200.00 | 735 ILCS 5/12-1001(b) |
| Schedule A/B: | <u> </u> | ¢ | any applicable statutory limit | |
| description: — Line from Schedule A/B: | | Ψ | 100% of fair market value, up to any applicable statutory limit | |
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| Check if this is an amended filling Check if this is an amended filling | Debioi 1 | | | | |
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| Debtor 1 | Reddrick | L. | McDowell | november of control of the control o | |
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| Sche | dule E/F: C | reditors | Who Have l | Jnsecured Claims | 12/15 |
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creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known). **List All of Your PRIORITY Unsecured Claims** 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.) Total claim Priority Nonpriority amount amount 0.00\$ 0.00 \$ Last 4 digits of account number Priority Creditor's Name When was the debt incurred? Number As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of PRIORITY unsecured claim: Debtor 1 and Debtor 2 only Domestic support obligations At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Claims for death or personal injury while you were intoxicated Is the claim subject to offset? Other, Specify ☐ No ☐ Yes 0.00 s 0.00 \$ 0.00 Last 4 digits of account number Priority Creditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent Unliquidated State ZIP Code ☐ Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only ☐ Domestic support obligations Debtor 1 and Debtor 2 only Taxes and certain other debts you owe the government At least one of the debtors and another Claims for death or personal injury while you were Check if this claim is for a community debt intoxicated Is the claim subject to offset? Other, Specify ☐ No Yes

Case 16-38333 Doc 1 Filed 12/05/16 Entered 12/05/16 14:11:19 Desc Main

Debtor 1

Reddrick

Document McDowell

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Case number (if known)_

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| 4 | LIST All OF YOUR NUMPRIO | KILLON | secured Claims | | | | |
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| 4. | List all of your nonpriority unsecured nonpriority unsecured claim, list the cre included in Part 1. If more than one cre claims fill out the Continuation Page of | editor separ editor holds | ately for each claim | For each claim listed, identify wh: | at type of claim it is. Do no | t liet old | ima aireadu |
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| l. 1 |] Mahala (Davidor E.) | | | | | Tota | al claim |
| . , | Mohela/Dept Of Ed Nonpriority Creditor's Name | | | Last 4 digits of account number | <u>8 7 9 2</u> | | 8,578.00 |
| | | | | When was the debt incurred? | 07/16/2015 | \$ | 0,070.00 |
| | 633 Spirit Drive Number Street | | | The true true dept mounted; | | | |
| | Chesterfield | MO | 63005 | | | | |
| | City | State | ZIP Code | As of the date you file, the claim | is: Check all that apply. | | |
| | | | | ☐ Contingent | .,,,, | | |
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| | Debtor 1 only | | | ☐ Disputed | | | |
| | Debtor 2 only | | | • | | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecu | red claim: | | |
| | At least one of the debtors and another | | | Student loans | | | |
| | Check if this claim is for a commu | nity debt | | Obligations arising out of a separa | ation agreement or divorce | | |
| | Is the claim subject to offset? | • | | that you did not report as priority | | | |
| | No | | | Debts to pension or profit-sharing | | | |
| | Yes | | | Other. Specify | | | |
| | DOS TO SERVICIONES SER ASSESSES CONTRACTORISMOS CONTRACTORISMO | zznakowa Deus zenenye | i en 2000 kan in 1800 kan i | VSTANZE – EPo 6 SE E 1485 SOM SEZZZZZE SZZZZZE SZZZZE E 1885 SZZZZE SZZZZE SZZZZE SZZZZE SZZZZE SZZZZE SZZZZE S | en skirkelik kan mark Amandalik grept i ver a ver de bakken ekkar ekkar ekkar ekkar ekkar ekkar ekkar ekkar ek | es a sesenemos institutorios. | e scotters will province standing to pack only. |
| 2 | First Premier Bank | | | Last 4 digits of account number | | \$ | 430.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? | 11/29/2006 | | |
| | 3820 N Louise Ave | | | | | | |
| | Number Street Sioux Falls | SD | 67407 | As of the date you file, the claim i | le: Chook all that analy | | |
| | City | State | 57107 ZIP Code | | s. Office all that apply. | | |
| | • | Ciaio | 2.1 0000 | Contingent | | | : |
| | Who incurred the debt? Check one. | | | Unliquidated Disputed | | | |
| | Debtor 1 only | | | Disputed | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecur | ed claim: | | : |
| | At least one of the debtors and another | | | ☐ Student loans | | | 8 |
| | | | | Obligations arising out of a separa | ition agreement or divorce | | į |
| | ☐ Check if this claim is for a commun | nity debt | | that you did not report as priority o | daims | | : |
| | Is the claim subject to offset? | | | Debts to pension or profit-sharing | plans, and other similar debts | | |
| | ☑ No | | | Other. Specify <u>Credit Card</u> | | | |
| | ☐ Yes | energitation and desired to a super- | Phony for the age (II duestick Fields Clark with a title and to work by the con- | A SHIP OF THE WHITE SEAL AND SHIP AND S | and agent many at the contract of the contract | | : |
| 3 | Nationwide CAC LP | | | Last 4 digits of account number | 8 7 0 2 | Markity Co. In 17411 | Total and the second second second second |
| | Nonpriority Creditor's Name | | | | 03/13/2009 | \$ | 2,214.00 |
| | 3435 N Cicero Ave | | | When was the debt incurred? | 03/13/2009 | | : |
| | Number Street | | 00044 | | | | |
| | Chicago | IL. State | 60641 ZIP Code | As of the date you file, the claim is | s: Check all that apply. | | |
| | · | State | | ☐ Contingent | | | 1 |
| | Who incurred the debt? Check one. | | | Unliquidated | | | |
| | Debtor 1 only | | | Disputed | | | |
| | Debtor 2 only | | | | | | : |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Type of NONPRIORITY unsecure | ed claim: | | |
| | | | | Student loans | | | |
| | ☐ Check if this claim is for a commun | ity debt | | Obligations arising out of a separat | | | Part I sept |
| | is the claim subject to offset? | | | that you did not report as priority cl. Debts to pension or profit-sharing of | | | The state of the s |
| | ₩ No | | | ☐ Debts to pension or profit-sharing p ☐ Other. Specify <u>Automobile</u> | pians, and other similar debts | | |
| | Yes | | | Tratomonie | | | |
| | | | | | | | |

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Debtor 1

Reddrick First Name

Document McDowell

Case number (if known)_

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| r listing any entries on this page | , number the | em beginning wit | h 4.4, followed by 4.5, and so forth. | Total clair |
|---|--|--|---|--------------------|
| DirecTV | | | Last 4 digits of account number 8 7 9 2 | _{\$} 589. |
| Nonpriority Creditor's Name P O BOX 9001069 | | | When was the debt incurred? 11/09/2015 | - |
| Number Street Louisville | KY | 40290 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check one | | | Unliquidated | |
| Debtor 1 only | | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors and and | | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a com | munity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? | | | ☑ Other. Specify Cable | |
| ☑ No ☑ Yes | | | | |
| EMP Of Will County LLC | of every Manner (Aurica) & the Burk Allen (Allen) | Commission - medicinal and annual acceptability of process or paragraphic process of the commission of | Last 4 digits of account number 8 7 9 2 | s <u>1,693.</u> |
| 4535 Dressler RD NW | | | When was the debt incurred? 08/30/2012 | |
| Number Street Canton | ОН | 44718 | As of the date you file, the claim is: Check all that apply. | |
| bity | State | ZIP Code | □ Contingent | |
| Who incurred the debt? Check one | | | Unliquidated | |
| Debtor 1 only | | | Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors and anot | her | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a com | munity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| s the claim subject to offset? ☑ No ☑ Yes | | | Other. Specify Medical | |
| ockport TWP Fire Departm | ent | en, "" " " " " " " " " " " " " " " " " " | Last 4 digits of account number 8 7 9 2 | \$ <u>918.0</u> |
| onpriority Creditor's Name | Gill | ······ | 04/47/0000 | |
| 1601 Root St umber Street | | | When was the debt incurred? U1/17/2003 | |
| Crest Hill | IL | 60403 | As of the date you file, the claim is: Check all that apply. | |
| ity | State | ZIP Code | Contingent | |
| Vho incurred the debt? Check one. | | | Unliquidated Disputed | |
| Debtor 1 only | | | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and anoth | ner | | Student loans | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for a comm | nunity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| the claim subject to offset? I No I Yes | | | ☑ Other Specify Medical | |

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Debtor 1

Reddrick

Document McDowell

Case number (if known)_

Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

| Afte | er listing any entries on this page, num | nber the | m beginning with | a 4.4, followed by 4.5, and so forth. | To | otal claim |
|--|--|-----------------------------|--|--|---------------------------------|---|
| 4.7 | Will County Community Health | Center | - | Last 4 digits of account number 8 7 9 2 | \$ | 164.00 |
| | Nonpriority Creditor's Name 501 Ella Avenue | | | When was the debt incurred? 08/31/2016 | | |
| | Number Street Joliet | IL | 60433 | As of the date you file, the claim is: Check all that apply. | | |
| | | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only | | | Student loans | | |
| | At least one of the debtors and another | | | Obligations arising out of a separation agreement or divorce that | | |
| | ☐ Check if this claim is for a communi | ty debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | | Other, Specify Medical | | |
| | ₩ No Yes | | | | | |
| 4.8 | en fan en weldt a waarde a heersteen gebruik de kommen. De troe om de te beskip of de troes fan de meen wieden | Authorization of the second | er verm i sektronikerja grap megenskipmingen varastier forstförhere fyrens sigti | Last 4 digits of account number 8 7 9 2 | ar sana a ar ariya. | 605.00 |
| | AT&T Nonpriority Creditor's Name | | | | \$ | 000.00 |
| | P O BOX 5014 | | | When was the debt incurred? 08/25/2016 | | |
| | Number Street Carol Stream | IL. | 60197 | As of the date you file, the claim is: Check all that apply. | | |
| | | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | Unliquidated | | |
| | Debtor 1 only | | | ☐ Disputed | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Student loans | | |
| | | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Check if this claim is for a communit | ty debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? ✓ No | | | ☑ Other Specify Cable/Cellular | | |
| ······································ | Ves | graphing and the free fig. | ening at handenskil ministerisks former og stillerhenstille erket blikerken | $\sqrt{\sqrt{2}} \left(\frac{1}{\sqrt{2}} \left(1$ | la dell'hand er friheretijn nej | MANUAL SECTION AND AND AND AND AND AND AND AND AND AN |
| 4.9 | Abri Credit Union | | | Last 4 digits of account number 5 0 5 2 | \$ | 522.00 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 10/13/2016 | | |
| | 1350 W. Renwick Rd | | | When was the dept incurred: | | |
| | | IL | 60446 | As of the date you file, the claim is: Check all that apply. | | |
| | City | tate | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated☐ Disputed | | |
| | Debtor 1 only | | | | | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Student loans Obligations original out of a conscretion personnel or diverse that | | |
| | ☐ Check if this claim is for a communit | v deht | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | ,, went | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Account | | |
| | ✓ No ☐ Yes | | | Other. Specify Collection Account | | |

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Debtor 1

Reddrick First Name

McDowell ent

Case number (if known)

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| er listing any entries on this | page, number the | em beginning wi | th 4.4, followed by 4.5, and so forth. | Total clai |
|--|---|--|--|---|
| US Bank | | | Last 4 digits of account number 8 7 9 2 | s 800 |
| P O BOX 1800 | | | When was the debt incurred? 09/02/2016 | \$ <u></u> |
| Number Street Saint Paul | MN | 55101 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and Check if this claim is for a list he claim subject to offset? No Yes | l another community debt | ZIP Code | □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Bank | |
| Rodale | tifen fun Alumnum, 1974 (d. S. a. Nortiji funnskum panalamana n. p. s. hors. a. p | k is k - k | Last 4 digits of account number 1 8 1 5 | \$ 42.0 |
| Nonpriority Creditor's Name POBOX 6001 | | *************************************** | When was the debt incurred? 03/30/2015 | *************************************** |
| Number Street Emmaus | PA | 18098 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check | one. | | Unliquidated | |
| Debtor 1 only | | | Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors and | another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a c | ommunity debt | | you did not report as priority claims | |
| s the claim subject to offset? No Yes | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Account | |
| | armatin oleh tirri i bil tir disebil di pilipang ayan isa tipi bilandi (sara tisa) sara bar | TVPはAAAMSSAMAA MSS 3-35mm MTMAAMSSAMSAYTMASSAYAAS | | \$ 200.0 |
| PNC Bank onpriority Creditor's Name | | | Last 4 digits of account number 8 7 9 2 | |
| 249 Fifth Ave, One PNC | Plaza | | When was the debt incurred? 11/01/2016 | |
| Pittsburgh | PA | 15222 | As of the date you file, the claim is: Check all that apply. | |
| ity | State | ZIP Code | Contingent | |
| /ho incurred the debt? Check o | ne. | | Unliquidated | |
| Debtor 1 only | | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors and a | inother | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a co | ommunity debt | | you did not report as priority claims | |
| the claim subject to offset? | | | ☐ Debts to pension or profit-sharing plans, and other similar debts☐ Other. Specify Bank | |

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Debtor 1

| Reddrick | |
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Case number (if known)_

| 1 | listing any entries on this page, nu | imber the | em beginning wit | h 4.4, followed by 4.5, and so forth. | Total claim |
|-----|---|--|---|--|--|
| | Premier Bank | | | Last 4 digits of account number 8 7 9 2 | s 300.00 |
| | Nonpriority Creditor's Name | *************************************** | *************************************** | When was the debt incurred? 11/01/2016 | |
| | 2866 White Bear Ave | | | An of the date was file the above to Observe the con- | |
| | Maplewood | MN | 55109 | As of the date you file, the claim is: Check all that apply. | |
| ١ | Oity Who incurred the debt? Check one. | State | ZIP Code | ☐ Contingent☐ Unliquidated☐ Disputed☐ | |
| | Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| (| Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Student loans Obligations arising out of a separation agreement or divorce that | |
| l | ☐ Check if this claim is for a commune the claim subject to offset? | nity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Bank | |
| | ☑ No ☑ Yes | | | | |
| (| Comcast | kecumatinathis va punidava | Theorem, emineral designe petale da-mendia e mede eta dana e- | Last 4 digits of account number 8 7 9 2 | \$600.00 |
| Į | lonpriority Creditor's Name P O BOX 3002 | | | When was the debt incurred? 11/01/2016 | |
| | lumber Street Southeastern | PA | 19398 | As of the date you file, the claim is: Check all that apply. | |
| Ĉ | Sity Who incurred the debt? Check one. | State | ZIP Code | Contingent Unliquidated Disputed | |
| Ę | Debtor 1 only | | | ☐ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Student ioans | |
| | Check if this claim is for a commur | nity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| k | s the claim subject to offset? | ncy wood | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify <u>Cable</u> | |
| - | Yes | Stead to the conference of process of the concess. | و محمدت مع الله الله الله الله الله الله الله الل | erspergense fall in state of the fact of t | nto-monero de la festa monero de constituição de la constituição de la constituição de la constituição de la c |
| SIZ | Silver Cross Hospital | | | Last 4 digits of account number 8 7 9 2 | \$ 1,200.00 |
| | 1900 Silver Cross Blvd | | | When was the debt incurred? 11/01/2016 | |
| | umber Street New Lenox | IL. | 60451 | As of the date you file, the claim is: Check all that apply. | |
| | ity | State | ZIP Code | Contingent | |
| W | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | |
| _ | Debtor 1 only | | | ☐ Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Student loans | |
| | | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | Check if this claim is for a commun | iity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| | s the claim subject to offset? No | | | ☑ Other. Specify Medical | |

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Debtor 1

| Reddrick | |
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| | |

Document McDowell

Case number (if known)

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| r listing any entries on this pa | ge, number the | em beginning wil | th 4.4, followed by 4.5, and so forth. | Tot | al c |
|--|---|--|--|-----|-------------|
| Chex System Nonpriority Creditor's Name | · | ···· | Last 4 digits of account number 8 7 9 2 | \$ | |
| 7805 Hudson Rd | | | When was the debt incurred? 11/01/2016 | | |
| Number Street Woodberry | MN | 55125 | As of the date you file, the claim is: Check all that apply. | | |
| City Who incurred the debt? Check o | State | ZIP Code | Contingent Unliquidated Disputed | | |
| Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | | Student loans | | |
| At least one of the debtors and a | nother | | Obligations arising out of a separation agreement or divorce that | | |
| ☐ Check if this claim is for a co is the claim subject to offset? ☑ No | ommunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Notice Only | | |
| ☐ Yes | | | | | |
| Equifax Bankruptcy Dept. | had new em para entital tempo ne a percenta e e | ett til ett ett en stormer om som skommen en ett en en en ett en | Last 4 digits of account number 8 7 9 2 | \$ | A Q SAIP CO |
| Nonpriority Creditor's Name P.O. Box 740241 | | | When was the debt incurred? 11/01/2016 | | |
| Jumber Street | | | | | |
| Atlanta | GA | 30374 | As of the date you file, the claim is: Check all that apply. | | |
| ity | State | ZIP Code | ☐ Contingent ☐ Unliquidated | | |
| Vho incurred the debt? Check or | ne. | | Disputed | | |
| Debtor 1 only | | | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| At least one of the debtors and a | nother | | Student loans Obligations arising out of a secaration agreement or divorce that | | |
| Check if this claim is for a co | mmunity deht | | you did not report as priority claims | | |
| s the claim subject to offset? | ununny wool | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Notice Only | | |
| Mo Yes | | | Other, Specify NOLICE Offly | | |
| Experian Bankruptcy Dept | h diggettien menemen menempte pri personal perhansistra pripere | r NYS SINSTEEL BATHAIIINING CSAND INAMERIANG GAARAAT (1445)AART | Last 4 digits of account number 8 7 9 2 | \$ | (|
| onpriority Creditor's Name P.O. Box 2002 | | | When was the debt incurred? 11/01/2016 | | |
| umber Street Villen | TX | 75013 | As of the date you file, the claim is: Check all that apply. | | |
| ty | State | ZIP Code | Contingent | | |
| /ho incurred the debt? Check on | | | Unliquidated | | |
| Debtor 1 only | ٠. | | Disputed | | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim; | | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | | |
| At least one of the debtors and an | | | Obligations arising out of a separation agreement or divorce that | | |
| Check if this claim is for a cor | nmunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | |
| the claim subject to offset? | | | Other. Specify Notice Only | | |

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Debtor 1

| Reddrick |
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Case number (if known)_

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| er listing any entries on this | page, number them | n beginning wit | th 4.4, followed by 4.5, and so forth. | Total claim |
|--|---|---|---|--|
| Trans Union Bankrupt | cy Dept. | | Last 4 digits of account number 8 7 9 2 | s0.00 |
| Nonpriority Creditor's Name P O BOX 1000 | | | When was the debt incurred? 11/01/2016 | |
| Number Street Chester | PA | 19022 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Cher Debtor 1 only Debtor 2 only | State | ZIP Code | Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors a | | | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Check if this claim is for Is the claim subject to offset ☐ No ☐ Yes | • | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Notice Only | |
| Certegy Check Service | ONE TO THE THE OWNER PROPERTY OF THE PROPERTY | e de la grada de la Companya de la c | Last 4 digits of account number 8 7 9 2 | \$ |
| P.O. Box 30046 | | | When was the debt incurred? 11/01/2016 | |
| Number Street Tampa | FL | 33630 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Chec Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors an Check if this claim is for a | k one. d another community debt | ZIP Code | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Notice Only | |
| ✓ No ☐ Yes Scarborough Lake Apa | mmontonia sia antana antana mandra antana mandra antana antana antana antana antana antana antana antana antana | en ar e e novoja o proposovoja i kraljaki i skladaju di | Last 4 digits of account number 8 7 9 2 | \$900.00 |
| Nonpriority Creditor's Name 6430 Maidstone Rd | . antonio | | When was the debt incurred? 11/01/2016 | |
| Number Street Indianapolis | IN | 46254 | As of the date you file, the claim is: Check all that apply. | |
| City Who incurred the debt? Check | State | ZIP Code | Contingent Unliquidated Disputed | |
| ☑ Debtor 1 only ☑ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and | d another | | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a Is the claim subject to offset? ☑ No ☐ Yes | - | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Rental | The state of the s |

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Debtor 1

Reddrick

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First Name

Case number (if known)

Part 2: Your NONPRIORITY Unsecured Claims - Continuation Page Total claim After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. 6.4 Last 4 digits of account number 8 7 9 2 600.00 Nicor Gas Nonpriority Creditor's Name 11/01/2016 When was the debt incurred? P O BOX 0632 Number As of the date you file, the claim is: Check all that apply. Aurora IL 60507 State ZIP Code Contingent City ☐ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other. Specify Utility **☑** No ☐ Yes 6.5 s 1,339.00 Last 4 digits of account number 2 0 2 5 AT& T U-Verse Nonpriority Creditor's Name 11/01/2016 When was the debt incurred? P O BOX 5014 Number Street As of the date you file, the claim is: Check all that apply. Carol Stream IL 60197 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ■ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other Specify Cable Is the claim subject to offset? M No ☐ Yes 529.00 6.6 Last 4 digits of account number 8 7 9 2 Servance Group LLC 01/01/2012 When was the debt incurred? As of the date you file, the claim is: Check all that apply. Contingent ☐ Unfiguidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection Account is the claim subject to offset? M No

☐ Yes

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Debtor 1

Reddrick First Name

Case number (if known)_

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| I C Systems Collectio | ns | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
|--|---|---|--|--|--|--|
| P O BOX 64378 | | | Line 4.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Saint Paul | MN | 55164 | Last 4 digits of account number 9 0 7 8 | | | |
| City | State | ZIP Code | er transmination om de de bekanning geographysisky komment modeling for de bekans between the second of the control of the second of the control of the second of the control of the contr | | | |
| Escallate Inc | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| 5200 Stoneham Rd S | ta 200 | | Line 4.5 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims | | | |
| Number Street | 16 200 | | Part 2: Creditors with Nonpriority Unsecured | | | |
| | | | Claims | | | |
| Canton Dity | OH State | 44720 ZIP Code | Last 4 digits of account number 3 6 6 0 | | | |
| Phoenix Financial Sei | rvice | nd go skiloveriljeram in greken, hendi er kart alt va veliken. His aren g | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| lame | *************************************** | | on which only in part 7 or 1 are 2 and you list the original creditor? | | | |
| P O BOX 361450 | | | Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | | |
| Indianapolis | IN | 46236 | Last 4 digits of account number 1 3 6 4 | | | |
| Xity Telephone and the companion of the | State | ZIP Code | | | | |
| CAB Services Inc | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| 90 Barney Dr | | | Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | |
| lumber Street | | | Part 2: Creditors with Nonpriority Unsecured | | | |
| Joliet | 11 | 60425 | Claims | | | |
| ity | State | 60435 ZIP Code | Last 4 digits of account number 6 1 0 1 | | | |
| Complete Payment Re | covery Serv | ices, Inc | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| ame | | | 40 | | | |
| P O BOX 30184 | ~**- | | Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | |
| G.104(| | | ☑ Part 2: Creditors with Nonpriority Unsecured Cłaims | | | |
| Гатра | FL | 33630 | Last 4 digits of account number 5 5 2 1 | | | |
| ity waanne meet van een een een een een een een een een e | State | ZIP Code | | | | |
| Apelles ame | | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| 3700 Corporate Drive, | Suite 240 | | Line 5.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | |
| umber Street | 3444,00 | | ☑ Part 2: Creditors with Nonpriority Unsecured | | | |
| 2-1 | <u> </u> | 40004 | Claims | | | |
| Columbus hty | OH State | 43231 ZIP Code | Last 4 digits of account number 6 8 7 7 | | | |
| Sunrise Credit Service | S | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | |
| ^{ame} 260 Airport Plaza, P O | ROX 9100 | | • | | | |
| umber Street | DOX 9100 | | Line 5.2 of (Check one): A Part 1: Creditors with Priority Unsecured Claims 2 Part 2: Creditors with Nonpriority Unsecured | | | |
| | A | | Claims Part 2: Creditors with Nonpriority Unsecured | | | |
| armingdale | NY | 11735 ZIP Code | Last 4 digits of account number 1 8 1 5 | | | |
| ty | State | | | | | |

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Debtor 1

Reddrick

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Case number (if known)_

| v here. Sim | ilarly, if you have | ou for a debt you owe to someone else, list the original creditor in Parts 1 or more than one creditor for any of the debts that you listed in Parts 1 or 2, list the ons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. | | |
|---|--|--|--|--|
| | | On which entry in Part 1 or Part 2 did you list the original creditor? Line 6.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| | | | | |
| | | ☑ Part 2: Creditors with Nonpriority Unsecured Clair | | |
| NY | 11735 | Last 4 digits of account number 8 7 9 2 | | |
| | The process of the partial particular | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | | | | |
| State | ZIP Code | Last 4 digits of account number | | |
| | | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| | | Part 2: Creditors with Nonpriority Unsecured | | |
| | | Claims | | |
| State | ZIP Code | Last 4 digits of account number | | |
| CONTRACTOR C | S I A COMPANY TO THE REAL PROPERTY OF SECURITY AND ASSESSED. | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| | | ☐ Part 2: Creditors with Nonpriority Unsecured | | |
| | | Claims | | |
| State | ZIP Code | Last 4 digits of account number | | |
| hameer en organisming de verbeerligt. De viro | осум | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| | | ☐ Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | | Last 4 digits of account number | | |
| State | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| | | | | |
| | ··· | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured | | |
| | | Claims | | |
| State | ZIP Code | Last 4 digits of account number | | |
| | | On which entry in Part 1 or Part 2 did you list the original creditor? | | |
| | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | |
| | | Part 2: Creditors with Nonpriority Unsecured Claims | | |
| | NY State State State | NY 11735 State ZIP Code State ZIP Code State ZIP Code | | |

State

ZIP Code

City

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Debtor 1

Reddrick

Case number (if known)

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| | | | | Total claim | |
|-----------------------------|-----|--|------------|--|------------------|
| Total claims | 6a | Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6b | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | + \$ | 0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | |
| | | | | Total claim | |
| Total claims | 6f. | Student loans | 6f. | Total claim | 8,578.00 |
| Total claims from Part 2 | | Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6f. 6g. | Total claim \$ \$ | 8,578.00 0.00 |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority | | ************************************** | |
| | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other | 6g. | ************************************** | 0.00 |

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| Fill in this | information to ide | entify your case: | | | |
|------------------------------------|--|---|---|--|--|
| Debtor | Reddrick | L. | McDowell | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse If filing | | Middle Name | | | |
| United States | s Bankruptcy Court fo | or the: Northern Dis | trict of Illinois | | |
| Case numbe (If known) | r | | | | Check if this is a amended filing |
| Official | Form 1060 | 3 | | | |
| Sched | ule G: Ex | cecutory | Contracts an | d Unexpired Leases | 12/15 |
| 1. Do you No. 0 List sepiexample | If more space is ages, write your names, write your names any execute the check this box and Fill in all of the informately each persistence. | needed, copy the ame and case nu ory contracts or under this form with permation below even on or company we | additional page, fill it out, imber (if known). nexpired leases? the court with your other schen if the contracts or leases with whom you have the contracts or leases. | together, both are equally responsible for supplying number the entries, and attach it to this page. On medules. You have nothing else to report on this form are listed on Schedule A/B: Property (Official Form 10 intract or lease. Then state what each contract or lease in the instruction booklet for more examples of exercises. | 6A/B). |
| , | | whom you have t | he contract or lease | State what the contract or lease is for | |
| .1 Larry F | - ormella | | | Primary Residential Yearly Lease. | |
| Name | South Briggs St | root | | rimary reordental reary bease. | |
| Number | Street | | | MANAGE . | |
| Joliet City | | IL 604 State ZIP C | | and the second s | |
| .2: | n Mewden and All English and All Linds and Control Survivalence | Serfend (SASS) has a productive and resource and a series of the series | er territoria funda escapa de funda del genera composida en persona que la gabia en presença en mes | SSE SEPTEMBER CONTROL OF THE EXCEPTION OF THE CONTROL OF THE CONTR | والمراجع والمراجع والمساورة والمساورة والمراجع والمراجع والمساورة والمساورة والمساورة والمراجع والمراجع والمراجع |
| Name | | | | _ | |
| Number | Street | | | | |
| City | | State ZIP C | | _ | |
| 3. | | State ZIF C | Out | The contraction of months and one of the contraction of the contractio | tindinati iliya in itomorranya sonya tatani intigata i majigiya olah isali |
| Name | | · | | | |
| Number | Street | | | _ | |
| | | | | _ | |
| City | . Otherway of Industries, to a conserver of the above | State ZIP C | ode 16 a oznas (horros ensorones ensonograssopa ornaspeguaziona an | medicia vimentale, i mente este mente site, a este de sistema de mangrapa propriata propriata per per per persona persona persona per persona per persona per persona per persona pers | ं राजारिकेन्द्रिया, विकास स्वयंद्राया स्थापना स्वयंद्राया स्वयंद्राया स्वयंद्राया स्वयंद्राया स्वयंद्राया स्वयंद्राया |
| Name | | | | _ | |
| | | | | | |
| Number | Street | | | | |
| City | Marine and the second of the s | State ZIP Co | ode | The continue and the continue of the continue | esta yeter es rek reraktiones a kapa resona |
| 5] | | | | | |
| Name | | | | - | |
| Number | Street | | · · · · · · · · · · · · · · · · · · · | Mar. | |
| City | | Ctato 710 O | do | | |
| City | | State ZIP Co | AUC . | | |

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| Fill in this | information to identi | fy your case: | | | | | |
|--|--|---|--|--|---|---|-------------|
| Debtor 1 | Reddrick | L. | McDow | ell | | | |
| Debtor 2 | First Name | Middle Name | | Last Name | - | | |
| (Spouse, if filing | g) First Name | Middle Name | · · · · · · · · · · · · · · · · · · · | Last Name | | | |
| United States | Bankruptcy Court for the | a: Northern Distri | ct of Illinois | | | | |
| Case number (If known) | | * | | | | _ | |
| | | | | · · · · · · · · · · · · · · · · · · · | | Check if amende | |
| Official | Form 106H | | | | | amende | u ming |
| • | ule H: You | ır Codeh | tore | | | | |
| Codebtors ar are filing toge and number together | re people or entities ether, both are equa | who are also lia lly responsible f xes on the left. | ble for any d | t correct information | If more ena | ete and accurate as possible. If two marr ice is needed, copy the Additional Page, f ie top of any Additional Pages, write your | 1111 144 |
| | ave any codebtors? | (If you are filing | a joint case, c | do not list either spous | se as a codeb | ttor.) | |
| ☑ No ☐ Yes | | | | | | | |
| 2. Within the Arizona, | ne last 8 years, have California, Idaho, Lou So to line 3. | you lived in a co isiana, Nevada, I | ommunity pr New Mexico, I | operty state or territ e Puerto Rico, Texas, W | ory? (<i>Commi</i> Vashington, a | unity property states and territories include nd Wisconsin.) | |
| _ | | ner spouse, or leg | gal equivalent | live with you at the tir | ne? | | |
| □ N | | | , | , | | | |
| ☐ Y | es. In which communi | ty state or territor | ry did you live | ? | Fill in the | name and current address of that person. | |
| | | | | | | | |
| Ñ | ame of your spouse, former | spouse, or legal equiv | alent | | ******* | | |
| | | | | | | | |
| N | umber Street | | | | | | |
| C | ity | State | 3 | ZIP Code | | | : |
| shown in Schedule | line 2 again as a co | debtor only if th 6D), <i>Schedule E</i> | at person is /F (Official Fo | a guarantor or cosig | iner. Make si | pouse is filing with you. List the person ure you have listed the creditor on cial Form 106G). Use <i>Schedule D</i> , | : |
| Column | 1: Your codebtor | | | | Со | lumn 2: The creditor to whom you owe the | debt |
| | | | | | Cr | neck all schedules that apply: | 1 |
| 3.1 | | | | | m | | į |
| Name | | | ······································ | | | Schedule D, line | |
| Number | Street | | | | | Schedule E/F, line | |
| City | | | | 710 | | Solicidate O, line | |
| 3.2 | | | tate | ZIP Code | | | |
| Name | | | | | | Schedule D, line | |
| \$1 4 · · | Store: | | | | | Schedule E/F, line | |
| Number | Street | | | | | Schedule G, line | |
| City | · · · · · · · · · · · · · · · · · · · | S | tate | ZiP Code | | and the second | |
| Name | | | | | | Schedule D, line | |
| Name | | | | | | Schedule E/F, line | 1 2 3 |
| Number | Street | *************************************** | | | | Schedule G, line | 11.7 |
| City | V | SI | ate | ZIP Code | | | · |

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| F | ill in this in | formation to identify | your case: | | | | | | |
|------------------|--|--|---|---|---|---|--|--|--------------|
| | Debtor 1 | Reddrick | L. McD | owell | | | | | |
| | Debtor 2 | First Name | Middle Name | Last Name | | *************************************** | | | |
| | Spouse, if filing) | First Name | Middle Name | Last Name | | _ | | | |
| l | Inited States I | Bankruptcy Court for the: | Northern District of Illinois | | | | | | |
| | Case number If known) | | | | | | Check if t | | |
| L | | | | | | | | nended filing | |
| _ | £6:-1 F- | 40Cl | | | | • | | plement showing postpetition chapter e as of the following date: | 13 |
| | | orm 106l | | | | | MM / E | DD / YYYY | |
| <u>5</u> | cned | ule I: You | ır Income | | | | | 12/15 | _ |
| su If y se | pplying cor ou are sep parate shee | rect information. If yo arated and your spot | ou are married and not fili use is not filing with you, o top of any additional pag | ng jointly, and y to not include in | our s | pouse is liv ation about | ing with y vour spo | or 2), both are equally responsible for rou, include information about your spouse. If more space is needed, attach a known). Answer every question. | use. |
| 1. | | · employment | | | | | | | |
| : | informatio | | | Debtor 1 | the state gay | | | Debtor 2 or non-filing spouse | en-Bassesses |
| | attach a se | more than one job, parate page with about additional | Employment status | ☐ Employed ☑ Not employ | yed | | | ☑ Employed ☐ Not employed | |
| | include par self-employ | t-time, seasonal, or | | | | | | | |
| | Occupation | may include student ker, if it applies. | Occupation | | | | ······································ | Administrative Clerk | _ |
| | 0 | not, ii ii appiloo. | Employer's name | | *************************************** | | | Will County Health Department | |
| | | | Employer's address | Number Street | | <u></u> | | 501 Ella Ave Number Street | _ : |
| | | | | 4,444,4 | | | | | |
| | | | | City | Sta | te ZIP Cod | 3 | Joliet IL 60433 City State ZIP Code | |
| | | | How long employed there | e? 8yrs | <u>.</u> | | | 8yrs | |
| P | art 2: 0 | Sive Details About | Monthly Income | | | | | | |
| | spouse unle If you or you | ess you are separated. ur non-filing spouse ha | the date you file this form. ve more than one employer tach a separate sheet to this | , combine the info | | | | ite \$0 in the space. Include your non-filing or that person on the lines | |
| | | a nosa moro opaso, an | auth a sopulate chost to a li | . 10.711. | | For Del | otor 1 | For Debtor 2 or non-filing spouse | |
| 2. | | | ry, and commissions (befo calculate what the monthly v | | 2. | \$ | 0.00 | \$2,443.00_ | |
| 3. | Estimate a | and list monthly overt | ime pay. | | 3. | +\$ | 0.00 | + \$0.00 | : |
| 4. | Calculate (| gross income. Add lin | e 2 + line 3. | | 4. | \$ | 0.00 | \$_2,443.00 | |

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McDowell Reddrick Debtor 1 Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse 0.00 2,443.00 Copy line 4 here..... 5. List all payroll deductions: 0.00 295.00 5a. Tax, Medicare, and Social Security deductions 5a. 5b. Mandatory contributions for retirement plans 0.00 0.00 5b. 0.00 110.00 5c. Voluntary contributions for retirement plans 5c. 5d. Required repayments of retirement fund loans 0.00 0.00 5d. 0.00 176.00 5e. Insurance 5e. 0.00 0.00 5f. Domestic support obligations 0.00 0.00 5g. Union dues 5g. 5h. Other deductions. Specify: AFS1 AFSCME 1028 0.00 49.00 0.00 630.00 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h. 0.00 1,813.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 8. List all other income regularly received: 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total 0.00 0.00 monthly net income. 8a ٨ħ 0.00 0.00 8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 0.00 0.00 8c settlement, and property settlement. 0.00 0.00 8d. Unemployment compensation 8d. 8e. Social Security 8e. 286.00 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies 0.00 0.00 Specify: n/a 8f. 8g. 0.00 0.00 8g. Pension or retirement income 8h. Other monthly income. Specify: n/a 8h. 0.00 0.00 286.00 0.00 Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. 9 10. Calculate monthly income. Add line 7 + line 9. 1,813.00 2,099.00 286.00 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 Specify: n/a 11. + 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 2,099.00 Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical Information, if it applies 12. Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? ☐ No. Yes, Explain:

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| Debter 1 Reddrick | | | · · · · · · · · · · · · · · · · · · · | | | | |
|--|-----------------|-------------------------|--|---------------------------------|-----------|--------------|---|
| Cabota / First James Grant | Fill in this | information to identify | your case: | | | | |
| Spanse Stripg Taleware Str | Debtor 1 | | | Check if the | nis is: | | |
| United States Basewalty Court for the Northern District of Illinois Case ramber Schedule J: Your Expenses State Schedule J: Your Income Schedule J: Your Income State Schedule J: Your No. No. Go to line 2 Schedule J: Your Household State Schedule J: Your No. State State Schedule J: Yes State Stat | | | | An am | ended fi | ling | |
| Official Form 106J Schedule J; Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information, filmer space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (it known), Answer every question. Part 11 Describe Your Household Is this a joint case? No. Got line 2 Yes. Dees Debtor 2 live in a separate household? No. Got line 2 Yes. Debtor 2 must file Official Form 106J2, Expenses for Separate Household of Debtor 2. Do not state the dependents? Do not state the dependents' Step Daughter Step Daughter 13 Describer of the form and little information for each dependent. No. Yes Step Daughter 13 No. Yes Step Daughter 13 No. No. Yes Step Daughter 14 No. No. Yes Step Daughter 15 No. No. Yes Step Daughter 16 No. Yes Step Daughter 17 No. No. Yes Step Daughter 18 No. Yes No. Yes Step Daughter 19 No. Yes Step Daughter 19 No. Yes No. Yes Step Daughter 10 No. Yes Step Daughter 11 No. Yes No. Yes Step Daughter 12 Your expenses include expenses as of your bankruptcy lifting date unless you are using this form as a supplement in a Chapter 13 case to report expenses of people date from the bankruptcy lifting date unless you are using this form as a supplement in a Chapter 13 case to report expenses of a date after the bankruptcy list fluef. It this is a supplemental Schedule L, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule L Your Income (Official Form 16EL) 17 Nour expenses 4 S 0.0.00 4 Property, homeower's, or renter's insurance 4 Real estate taxes | , , | • | | ☐ A supp | lement | showing post | |
| Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a Joint case? No. Go to line 2. Yes. Debtor 2 live in a separate household? No. Go to line 2. Yes. Debtor 2 live in a separate household? Yes. Pelbor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents' each dependent in line seach dependent. Step Daughter 13. No. Yes. Step Daughter 13. No. Yes. Step Daughter 13. No. No. Yes. Step Daughter 22. No. No. Yes. Step Daughter 13. No. Yes. Step Daughter 14. No. Yes. Step Daughter 15. No. No. Yes. No. Yes. Step Daughter 16. No. Yes. Step Daughter 17. No. No. Yes. No. No. Yes. No. No. Yes. No. No. Yes. Step Daughter 18. No. Yes. Step Daughter 19. No. No. Yes. No. No. Yes. No. No. Yes. Step Daughter 19. No. Yes. No. No. Yes. No. No. Yes. No. No. Yes. No. No. Yes. Step Daughter 19. No. Yes. No. No. No. No. No. No. No. N | | , , | NOTCHEDISTRICT OF HIRTOIS | | | | g date: |
| Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household | | er | | MM / D | D/ YYYY | | |
| Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 11 Describe Your Household | Official | Form 106J | | | | | |
| information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (ifk nown). Answer every question. Fart 1: Describe Your Household | Sche | dule J: Yo | ur Expenses | | | | 12/15 |
| Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No. Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do you have dependents? No. Debtor 1 and Yes. Fill out this information for each dependent. Wife Y2 No. No. Yes No. No. Yes No. Yes Step Daughter 13 No. No. Yes Step Daughter 13 No. No. Yes No. Yes Step Daughter 13 No. No. Yes N | information. | . If more space is need | ed, attach another sheet to this form | | | | = |
| No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No. Yes. Debtor 2 must file Official Form 108J-2, Expenses for Separate Household of Debtor 2. | Part 1: | Describe Your Hou | sehold | | | | |
| Yes. Does Debtor 2 live in a separate household? No | 1. Is this a jo | oint case? | | | | | |
| Yes. Debtor 2 must file Official Form 108J-2, Expenses for Separate Household of Debtor 2. Do you have dependents? | _ | | separate household? | | | | |
| Do you have dependents? Do not list Debtor 1 and Debtor 2. Do not state the dependents' relationship to Dependent's relationship to Debtor 2. Do not state the dependents' relationship to Debtor 2. Do not state the dependents' relationship to Debtor 2. Wife | | 〕 No | | | | | |
| Do not list Debtor 1 and Debtor 2. Do not state the dependents' relationship to Debtor 2 bettor 1 or Debtor 2. Do not state the dependents' relationship to Debtor 1 or Debtor 2 see with your? Wife | | Yes. Debtor 2 must file | e Official Form 106J-2, Expenses for S | Separate Household of Debtor 2. | | | |
| Do not state the dependents' No Yes Step Daughter 22 No Yes Step Daughter 13 No Yes Step Daughter 13 No Yes Step Daughter 13 No Yes No Yes Step Daughter 13 No Yes | Do not list | | Yes. Fill out this information for | Debtor 1 or Debtor 2 | | • | |
| Step Daughter 22 No Yes Step Daughter 13 No Yes Step Daughter 13 No Yes | | te the dependents' | each dependent | | XVerille | 47 | |
| Step Daughter 13 Yes Step Daughter 13 No Yes Step Daughter 13 No Yes No Yes No Yes No Yes No Yes No Yes Step Daughter 13 Case to report Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00 0.00 4c. Home maintenance, repair, and upkeep expenses | | | | Vicinity delivers | | | |
| Step Daugnter Step Daugnter 1.5 | | | | Step Daughter | | 22 | |
| Do your expenses include expenses of people other than yourself and your dependents? No Yes | | | | Step Daughter | | 13 | = 7.00 |
| Bestimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 1061.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses | | | | • | | | _ 160 |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 1061.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses | | | | | | | |
| 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 1061.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses | | | | | | | |
| expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses | | | | | | | |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00 0.00 | expenses | of people other than | | | | | |
| Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00 0.00 | Dovt 2: | atimata Yaur Ongoi | na Manthly Evnancas | | | | |
| expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i> (Official Form 106L) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. If not included in line 4: 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses | | | | re using this form as a sunnle | ment in : | Chanter 13 c | ase to report |
| such assistance and have included it on Schedule I: Your Income (Official Form 106I.) 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses Your expenses 500.00 4. \$ 500.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00 4. \$ 0.00 | expenses as | of a date after the ban | | | | | |
| 4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4d. \$ 0.00 | | | | | | V | |
| any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes 4b. Property, homeowner's, or renter's insurance 4c. Home maintenance, repair, and upkeep expenses 4d. \$ 0.00 4c. 0.00 | | | • | • | | Your exper | 15 <i>6</i> 5 |
| 4a. Real estate taxes 4a. \$ 0.00 4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00 | | | expenses for your residence. Include | first mortgage payments and | 4. | \$ | 500.00 |
| 4b. Property, homeowner's, or renter's insurance 4b. Home maintenance, repair, and upkeep expenses 4c. S 0.00 | | | | | 4 | œ | 0.00 |
| 4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00 | | | ontar's incurance | | | \$ | *************************************** |
| 0.00 | • | • | | | | ss | |
| | | • | , | | 4d. | \$ | |

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Debtor 1 Reddrick L. McDowell Case number (#known)_

| | | | Your ex | penses |
|-----|---|------|---------|--------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| 6. | | | | |
| 0. | 6a. Electricity, heat, natural gas | 6a. | \$ | 200.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ | 120.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$ | |
| | 6d. Other Specify: n/a | 6d. | \$ | 0.00 |
| 7. | Food and housekeeping supplies | 7. | \$ | 400.00 |
| 8. | Childcare and children's education costs | 8. | \$ | 300.00 |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$ | 100.00 |
| 10. | Personal care products and services | 10. | \$ | 100.00 |
| 11. | Medical and dental expenses | 11. | \$ | 0.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$ | 150.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 0.00 |
| 14. | Charitable contributions and religious donations | 14. | \$ | 0.00 |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 0.00 |
| | 15d. Other insurance. Specify: n/a | 15d. | \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: n/a | 16. | \$ | 0.00 |
| 17. | installment or lease payments: | | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ | 0.00 |
| | 17c. Other. Specify: n/a | 17c. | \$ | 0.00 |
| | 17d. Other. Specify: n/a | 17d. | \$ | 0.00 |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | Other payments you make to support others who do not live with you. | | | |
| | Specify: n/a | 19. | \$ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom- | е. | | |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | 20b. | \$ | |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ | |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ | |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ | 0.00 |

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| Debtor | 1 | Reddrick First Name | Middle Name | L. | Last Name | McDowell | - | Case number (if kn | own) | | |
|----------------|-------------|------------------------|-------------|--|---------------|---|-------------|--------------------|------|------|--|
| 21. O 1 | ther. S | pecify: <u>n/a</u> | | | - Luci Harrie | | | | 21. | +\$ | 0.00 |
| 22. C a | alculate | e your mont | hly expens | es. | | | | | | | |
| 22 | a. Add | lines 4 throu | gh 21. | | | | | | 22a. | \$ | 2,070.00 |
| 22 | b. Cop | y line 22 (mo | nthly expe | nses for De | ebtor 2), | if any, from Official | Form 106J-2 | | 22b. | \$ | 0.00 |
| 22 | c. Add | line 22a and | 22b. The r | esult is you | ur month | aly expenses. | | | 22c. | \$ | 2,070.00 |
| 23. Cal | culate | your month | ly net inco | me. | | | | | | | |
| 23a | . Cop | y line 12 (yo | ur combine | d monthly | income) | from Schedule I. | | | 23a. | \$ | 2,099.00 |
| 23b | . Cop | y your month | nly expense | s from line | 22c ab | ove. | | | 23b. | - \$ | 2,070.00 |
| 23c. | | tract your mo | | | - | nthly income. | | | 23c. | \$ | 29.00 |
| | • | • | | | • | openses within the | • | | | | |
| | | • | • | | - | car loan within the good of a modification to | | • | | | |
| Z | No. Yes. | Explain he | | t aan haareen en 'n hearte en 'n de seker en hearte en de sekere en hearte en de sekere en hearte en hearte en | | | | | | | |
| | | | | | | | | | | | ************************************** |
| | | | | | | | | | | | |

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| | nformation to ident | ify your case: | | | | | | | | | | |
|----------------------------------|--|--|--|--------------|-------------------|--------------------|---------|---------------------|--------------------|----------|------------|-------------|
| ebtor 1 | Reddrick First Name | L. Middle Name | McDowell Last Name | | | | | | | | | |
| ebtor 2 pouse, if filing | | Middle Name | Last Name | | | | | | | | | |
| | Bankruptcy Court for ti | | | | | | | | | | | |
| ase number (known) | ************************************** | | | | | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | ****** | | | | | | | | eck if this |
| | | | | | | | | | | | an | ended filir |
| Officia | l Form 106I | Оес | | | | | | | | | | |
| Decl | aration A | About a | n Individ | ual D | ebt | tor": | s S | che | edu | les | | 12/1 |
| f two mar | ried people are filin | g together, both | are equally responsi | ole for supp | olying | correct | inform | nation. | | | | |
| rears, or b | money or property ooth. 18 U.S.C. §§ 1: | by fraud in conn | ection with a bankrup | otcy case ca | an resu | ult in fir | nes up | false s to \$250 | tateme),000, o | r impris | sonment fo | or up to 20 |
| Did you | Sign Below J pay or agree to pa | by fraud in conn 52, 1341, 1519, a y someone who | ection with a bankrup nd 3571. | otcy case ca | an resu | ult in fir | nes up | to \$250 | tateme),000, o | r impris | sonment fo | or up to 20 |
| Did you | Sign Below | by fraud in conn 52, 1341, 1519, a y someone who | ection with a bankrup nd 3571. | o help you f | fill out | ult in fir | ptcy fo | orms? |),000, o | r impris | sonment fo | |
| Did you No Ves Under path the | Sign Below Dipay or agree to pay Name of person_V Denalty of perjury, I rey are true and correct | by fraud in conn 52, 1341, 1519, and by someone who eronica Eason declare that I has | ection with a bankrup nd 3571. is NOT an attorney to ve read the summary | help you f | fill out Attach i | bankru Bankrupt | ptcy fo | orms? ion Prepa | arer's No | r impris | sonment f | |
| Did you No Ves Under path the | Sign Below Dipay or agree to pay Name of person_V Denalty of perjury, I | by fraud in conn 52, 1341, 1519, and sy someone who eronica Eason declare that I ha | ection with a bankrup nd 3571. is NOT an attorney to ve read the summary | help you f | fill out Attach i | bankru Bankrupt | ptcy fo | orms? ion Prepa | arer's No | r impris | sonment f | |

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| Mahtan 4 | Reddrick | 1 | McDowell | | |
|---|--|--|--|---|--|
| Debtor 1 | First Name | Middle Name | Last Name | 100 mm | |
| ebtor 2 Spouse, if filir | ng) First Name | Middle Name | Last Name | | |
| nited State | s Bankruptcy Court for | the: Northern District | of Illinois | | |
| ase numbe f known) | or | | | | ☐ Check if this is: |
| | | | | | amended filing |
| | | | | | |
| fficial | Form 107 | | | | |
| | | ancial Affa | airs for Indiv | viduals Filing for Bar | nkruptcy 04 |
| | | | | ig together, both are equally responsi | |
| rmation. | If more space is r | needed, attach a sep | arried people are illin | ig together, both are equally responsi rm. On the top of any additional page | s, write your name and case |
| nber (if k | nown). Answer eve | ery question. | | | • |
| art 1: | Give Details Aho | out Your Marital S | itatus and Where Y | You Lived Refere | |
| | One Details Abt | out Tour maritar o | tatus and where i | ou Livea Defore | |
| What is | your current marit | al status? | | | |
| ⊠ Marr | ied | | | | |
| ☐ Not a | | | | | |
| | | | | | |
| | | | | | |
| | he last 3 years, ha | ve you lived anywhe | re other than where y | you live now? | |
| M No | | | _ | | |
| ☑ No | | | re other than where y 3 years. Do not include | | |
| ☑ No ☐ Yes. | | | _ | | Dates Debtor 2 lived there |
| ☑ No ☐ Yes. | List all of the places | | 3 years. Do not include Dates Debtor 1 | e where you live now. | lived there |
| ☑ No ☐ Yes. | List all of the places | | 3 years. Do not include Dates Debtor 1 | e where you live now. Debtor 2: | lived there Same as Debtor |
| ☑ No ☐ Yes. | List all of the places | | 3 years. Do not include Dates Debtor 1 lived there | e where you live now. Debtor 2: | lived there |
| ☑ No ☐ Yes. | List all of the places | | 3 years. Do not include Dates Debtor 1 lived there From | e where you live now. Debtor 2: Same as Debtor 1 | lived there Same as Debtor |
| No Yes. De | List all of the places btor 1: mber Street | s you lived in the last | 3 years. Do not include Dates Debtor 1 lived there From | Debtor 2: Same as Debtor 1 Number Street | lived there Same as Debtor From To |
| ☑ No ☐ Yes. | List all of the places btor 1: mber Street | | 3 years. Do not include Dates Debtor 1 lived there From | e where you live now. Debtor 2: Same as Debtor 1 | lived there Same as Debtor From To |
| No Yes. De | List all of the places btor 1: mber Street | s you lived in the last | 3 years. Do not include Dates Debtor 1 lived there From | Debtor 2: Same as Debtor 1 Number Street | Ived there Same as Debtor From To |
| No Yes. De | List all of the places btor 1: mber Street | s you lived in the last | 3 years. Do not include Dates Debtor 1 lived there From | e where you live now. Debtor 2: Same as Debtor 1 Number Street City State 2 | Ilved there Same as Debtor From To IP Code Same as Debtor |
| No Yes. De | List all of the places btor 1: mber Street | s you lived in the last | 3 years. Do not include Dates Debtor 1 lived there From To | e where you live now. Debtor 2: Same as Debtor 1 Number Street City State 2 | Iived there Same as Debtor From To |
| No Yes. De | List all of the places btor 1: mber Street | s you lived in the last | 3 years. Do not include Dates Debtor 1 fived there From To From To | e where you live now. Debtor 2: Same as Debtor 1 Number Street City State 2 | Ilved there Same as Debtor From To IP Code Same as Debtor From |
| No Yes. De | List all of the places btor 1; mber Street | s you lived in the last State ZIP Code | 3 years. Do not include Dates Debtor 1 fived there From To From To | e where you live now. Debtor 2: Same as Debtor 1 Number Street City State Z Number Street | Ilved there Same as Debtor From To IP Code From From To To To |
| No Yes. De | List all of the places btor 1; mber Street | s you lived in the last | 3 years. Do not include Dates Debtor 1 fived there From To From To | e where you live now. Debtor 2: Same as Debtor 1 Number Street City State 2 | Ilved there Same as Debtor From To IIP Code Same as Debtor From |
| No De Nu City | List all of the places btor 1: mber Street y mber Street | State ZIP Code State ZIP Code | 3 years. Do not include Dates Debtor 1 lived there From To From To Spouse or legal equiv | e where you live now. Debtor 2: Same as Debtor 1 Number Street City State Z Number Street City State Z | Ilved there Same as Debtor From To IP Code Same as Debtor From To ZIP Code |
| No Yes. De Nu City Within the states are | List all of the places btor 1: mber Street y mber Street | State ZIP Code State ZIP Code | 3 years. Do not include Dates Debtor 1 lived there From To From To Spouse or legal equiv | e where you live now. Debtor 2: Same as Debtor 1 Number Street City State Z Number Street | Ilved there Same as Debtor From To IP Code Same as Debtor From To ZIP Code |
| No Yes. De Nu City Within the states and No | List all of the places btor 1: mber Street y mber Street | State ZIP Code State ZIP Code You ever live with a Arizona, California, Ic | 3 years. Do not include Dates Debtor 1 lived there From To From To spouse or legal equivelaho, Louisiana, Nevado | e where you live now. Debtor 2: Same as Debtor 1 Number Street City State 2 Same as Debtor 1 Number Street City State 2 August 1 Number Street | Ilved there Same as Debtor From To To ZIP Code ZIP Code ZIP Code |
| No Yes. De Nu City Within the states and No | List all of the places btor 1: mber Street y mber Street | State ZIP Code State ZIP Code You ever live with a Arizona, California, Ic | 3 years. Do not include Dates Debtor 1 lived there From To From To Spouse or legal equiv | e where you live now. Debtor 2: Same as Debtor 1 Number Street City State 2 Same as Debtor 1 Number Street City State 2 August 1 Number Street | Ilved there Same as Debtor From To To ZIP Code ZIP Code ZIP Code |

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| ebtor 1 | Reddrick L. First Name Middle Name Last M | McDowell Name | Case nu | mber (if known) | |
|--------------|--|--|--|--|--|
| Fill If y | I you have any income from employmen in the total amount of income you received ou are filing a joint case and you have inco | I from all jobs and all busi | nesses, including part-tir | ne activities. | ndar years? |
| | No Yes. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | onegredings, enverselycones |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | ✓ Wages, commissions, bonuses, tips✓ Operating a business | \$3,146.00 | ☐ Wages, commissions, bonuses, tips☐ Operating a business | \$ |
| | For last calendar year: | ✓ Wages, commissions, bonuses, tips | \$3,432.00 | Wages, commissions, bonuses, tips | \$ |
| | (January 1 to December 31, 2015 YYYY | Operating a business | - | Operating a business | |
| | For the calendar year before that: | Wages, commissions, bonuses, tips | s 3,432.00 | Wages, commissions, bonuses, tips | • |
| | (January 1 to December 31, 2014 YYYY) | Operating a business | \$ 3,432.00 | Operating a business | 5 |
| List | nbling and lottery winnings. If you are filing each source and the gross income from e No Yes. Fill in the details. | · | | | under Debtor 1. |
| | 700, Till III tillo detailo. | Debtor 1 | | Debtor 2 | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) |
| | From January 1 of current year until the date you filed for bankruptcy: | | \$ \$ | and the standard and th | \$ |
| | | | \$ | AND THE PROPERTY OF THE PROPER | \$ |
| | For last calendar year: | · | \$ | www.deshide.dis/10/0009-04/4- | \$ |
| | (January 1 to December 31, 2015) | | \$ \$ | | \$ \$ |
| | For the calendar year before that: | | \$ | | \$ |
| | | | | | |

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| Debtor 1 | Reddrick | L. | McDo | well | | Case nu | mber (if known) | |
|-------------|---|--|---|------------------------------|---|---|--|----------------------|
| | First Name | Middle Name | Last Name | | _ | | | |
| | ī | | | | | | | |
| Part 3: | List Certai | n Payments Yo | u Made Befo | re You Filed | for Bankr | uptcy | | |
| | | | | | | | | |
| 6. Are ei | ther Debtor 1's | s or Debtor 2's de | bts primarily c | onsumer deb | ts? | | | |
| ☐ No | o. Neither Det "incurred by | otor 1 nor Debtor an individual prima | 2 has primarily arily for a perso | consumer denal, family, or l | e bts. <i>Consun</i> nousehold pu | ner debts are irpose." | defined in 11 U.S.C. § 10 | 01(8) as |
| | During the 9 | 00 days before you | filed for bankru | ptcy, did you p | ay any credit | or a total of \$ | 6,425* or more? | |
| | ☐ No. Go t | to line 7. | | | | | | |
| | tota | al amount you paid | that creditor. D | o not include p | ayments for | domestic supp | more payments and the port obligations, such as s bankruptcy case. | |
| | | | | | | • | er the date of adjustment. | |
| ⊠ Ye | s. Debtor 1 or | Debtor 2 or both | have orimarily | consumer de | hts | | | |
| | | 0 days before you | | | | or a total of \$6 | 300 or more? | |
| | ☑ No. Go t | o line 7. | | | | | | |
| | | | or to whom you | naid a total of | ecoo or more | and the total | I amount you paid that | |
| | cree | ditor. Do not includ nony. Also, do not i | e payments for | domestic supp | ort obligation | is, such as ch | ild support and | |
| | | | | | | | | |
| | | | | Dates of payment | Total amou | unt paid | Amount you still owe | Was this payment for |
| | *************************************** | | | | \$ | 0.00 | \$ | ☐ Mortgage |
| | Creditor's | Name | | | | | | ☐ Car |
| | Number | Street | | | | | | Credit card |
| | | | | | | | | Loan repayment |
| | | | | | | | | Suppliers or vendors |
| | City | State | ZIP Code | | | | | Other |
| | | | | | | | | |
| | Creditor's | Name | | | \$ | 0.00 | \$ | ☐ Mortgage |
| | Creditor's | Name | | | | | | Car |
| | Number | Street | | | | | | Credit card |
| | | | | | | | | Loan repayment |
| | | | | | | | | Suppliers or vendors |
| | City | State | ZIP Code | | | | | Other |
| | | | | | | | | |
| | | | | | \$ | 0.00 | \$ 0.00 | ☐ Mortgage |
| | Creditor's | Name | | | - | *************************************** | | Car |
| | *********** | | | | | | | Credit card |
| | Number | Street | | | | | | Loan repayment |
| | | | | | | | | Suppliers or vendors |
| | City | State | ZIP Code | | | | | ☐ Other |
| | Ony | Giate | All COGE | | | | | |

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| | Reddrick First Name | Middle Name | McDo Last Name | oweli | _ | Case number (# ki | nown) | |
|----------------------------------|--|---|--|--|--|---|--|---------|
| Inside corpo agent such | ers include your re prations of which you t, including one for as child support a | elatives; any gen ou are an officer a business you nd alimony. | eral partners; r , director, pers operate as a s | elatives of any on in control, c | general partners; or owner of 20% o | partnerships of v r more of their vo | ne who was an insider? which you are a general partner ting securities; and any managi s for domestic support obligatio | na |
| • | ca. Elat di paymes | its to an inside. | | Dates of payment | Total amount paid | Amount you s | till Reason for this payment | |
| | Insider's Name | | | | \$0.00 | 0.0 | 00 | |
| Ī | Number Street | | | ************************************** | | | | |
| i | City | State | ZIP Code | | | | | |
| | insider's Name | - Marke Assessment | | - | \$0.00 | 0.0 | <u>o</u> | e w |
| _ | Number Street | | | | | | | |
| - | Dity | State | ZIP Code | | | | | |
| n ins nclude Vi No | sider? e payments on del | bts guaranteed o | or cosigned by | | ayments or trans | sfer any property | y on account of a debt that be | nefited |
| | | | | _ | | | | |
| | | | | Dates of payment | Total amount paid | Amount you st owe | ill Reason for this payment Include creditor's name | |
| Īn | nsider's Name | | | | | owe | Include creditor's name | |
| | nsider's Name lumber Street | | | | paid | owe | Include creditor's name | |
| <u> </u> | | State | ZIP Code | | paid | owe | Include creditor's name | |
| N G | lumber Street | State | ZIP Code | | paid \$0.00 | owe | Include creditor's name | |
| N Ci | fumber Street | State | ZIP Code | | paid \$0.00 | owe \$ 0.00 | Include creditor's name | |

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| ebtor 1 | Reddrick First Name Midd | L. N | 1cDowell | Case number (if known) | |
|------------|--|--|---|--|--|
| | The Crosses and Control of the Contr | Last Halife | | | |
| Part 4 | Identify Legal | Actions, Reposses | sions, and Foreclosu | ires | |
| List a | | | | lawsuit, court action, or administra , divorces, collection suits, paternity ac | |
| 2 | | | | | |
| ☐ Y | es. Fill in the details. | | atura af the man | 04 | |
| | | ************************************** | ature of the case | Court or agency | Status of the case |
| | Case title | | | Court Name | Pending |
| | | | | : | On appeal |
| | | | | Number Street | Concluded |
| | Case number | | | City State Zi | P Code |
| | | ! | | | |
| | Case title | : | | Court Name | Pending |
| | | * : : : : | | : | On appeal |
| | | | | Number Street | ☐ Concluded |
| | Case number | | | City State ZI | P Code |
| □ Y | es. Fill in the informat | tion below. | Describe the prop | erty | Date Value of the property |
| | | | | | |
| | Creditor's Name | | | · - | \$ |
| | Number Street | | | <u></u> | |
| | Hamber Greek | | Explain what happ | s repossessed. | |
| | | | Property was | | |
| | | | Property was | s garnished. | |
| | City | State ZIP Code | and the same of the same of providing providing parameters of the providing and the part of the providing providing and the parameters of | s attached, seized, or levied. | daki sa 1920 cin - 1921 mengelekan di pendidi pendimengan partau mangan pangan pendana ana ot sa |
| | | | Describe the prope | erty C | Date Value of the property |
| | | | : | ************************************** | \$ |
| | Creditor's Name | | | | |
| | Number Street | | Explain what happ | ened | |
| • | | | Property was | repossessed. | |
| | | | Property was | foreclosed. | |
| | City | State ZIP Code | Property was Property was | | |
| | | | Property was | attached, seized, or levied. | |

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| or 1 | Reddrick | L. | McDowell | Case number (if known) | | | |
|---------------|-------------------------|-----------------------|-------------------------------------|--|--------------------|-------------|-------------|
| | First Name 6 | vliddle Name Last | Name | _ | | | |
| | | | | | | | |
| Vithi | in 90 days before | you filed for bankru | ptcy, did any creditor, including | a bank or financial institut | ion, set off any a | mounts fror | n your |
| acco | unts or refuse to | | cause you owed a debt? | | • | | • |
| 2 ∕1 N | o | | | | | | |
| ☐ Ye | es. Fill in the detai | ls. | | | | | |
| | | | Describe the action the creditor to | nok | Date action | Amount | 1 : 1 |
| | | | | | was taken | Amount | |
| Cr | reditor's Name | | | | 1 | | |
| | | | : | | | ¢ | 0.0 |
| NE | umber Street | | " | | | Ψ | |
| | | | ÷ | | | | |
| | | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | .] | | |
| Cit | tv | State ZIP Code | Last 4 digits of account number: | VVVV. | | | |
| 0., | •• | 0.000 | Last 4 digits of account number. | ///// | | | |
| | | 211 | | | | E!4E | |
| | | | cy, was any of your property in the | ne possession of an assign | nee for the bene | fit of | |
| _ | | omted receiver, a cu | stodian, or another official? | | | | |
| Z N | | | | | | | |
|] Ye | es | | | | | | |
| | | | | | | | |
| t 5: | List Certain (| Gifts and Contribu | tions | | | | |
| | | | | | | | |
| /ithir | n 2 years before y | ou filed for bankrup | tcy, did you give any gifts with a | total value of more than \$6 | 600 per person? | | |
| Z No | - | | • | | | | |
| | es. Fill in the detail | s for each gift | | | | | |
| _ '\ | 50. 1 m m tro dotan | o tor caon gire. | | | | | |
| G | Gifts with a total val | ue of more than \$600 | Describe the gifts | | Dates you gave | Value | |
| p | per person | | | | the gifts | | |
| | | | 1 | | | | |
| | | | | | | \$ | 0.00 |
| Pe | rson to Whom You Gave | e the Gift | • | | | Ψ | |
| | | | | | : | œ | 0.00 |
| | | | | | | Φ | |
| | | | | | | | |
| Nu | mber Street | | | | | | |
| | | | | | | | |
| City | у | State ZIP Code | | | | | |
| Do | erson's relationship to | NO. | | | | | |
| 7-6 | ason's relationship to | | | Constant further mit a 1-P (Makin Peter 1-1-P Peter 1-1-1-1-1-P) | | | |
| <u>~</u> ; | ودامر المغمل مالك | of more than \$600 | Describe the gifts | $(A_{i,j},A_{$ | Dates you gave | Value | |
| | r person | 3 OI HIQIE HIZH 4000 | Describe the grits | | the gifts | 74.00 | |
| | | | | | | | |
| | | | | | | \$ | 0.00 |
| Per | rson to Whom You Gave | the Gift | | ; | | · | |
| | | | | į. | | • | 0.00 |
| | | | | | | \$ | 0.00 |
| | | | 1 | | | | |
| Nin | mber Street | ····· | | | | | |
| IVGI | 11001 00001 | | : | | | | |
| | | | 1 | | | | |
| City | y | State ZIP Code | | | | | |
| Po | rson's relationship to | VOU | | ļ | | | |
| ~ = | isoni s relationship to | , | f. | | | | |

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| First Name | Middle Name | L | McDowell ast Name | | Case number (if known)_ | | | |
|--|--|--|--|--|--|--|------------------|------------------------------|
| | widdle realthe | | .ast Name | | | | | |
| MEALS O | £ £21 | | | | | | | |
| . Within 2 years bei ☑ No | fore you filed | d for bankr | ruptcy, did you give an | y gifts or contribution | is with a total valu | e of more than \$6 | 600 to any | charity? |
| Yes. Fill in the | details for ea | ich gift or co | ontribution. | | | | | |
| Gifts or contrib | | ırities | Describe what you o | contributed | | Date you contributed | Value | |
| alat total more | . dian 4000 | | | | and the state of t | Contributed | | |
| Obs. de la Maria | | | : | | | | \$ | 0.00 |
| Charity's Name | | | i de la companya de l | | | | _ | 0.00 |
| *************************************** | | *************************************** | | | | | \$ | 0.00 |
| Number Street | | | ······································ | | | *** | | |
| | | | | | | To commence the first terms of t | | |
| City State | ZIP Code | | | | | | | |
| | | | | | | | | |
| rt 6: List Cer | tain Losse: | S | | | | | | |
| | | | ptcy or since you filed | | | | | |
| ☑ No | | | | | | | | |
| Yes. Fill in the c | | -4 - · · · · · | | | | | | |
| | roperty you los | st and | Include the amount th | nce coverage for the los nat insurance has paid. Lis chedule A/B: Property. | | Date of your loss | Value of lost | property |
| Yes. Fill in the o | roperty you los | st and | Include the amount th | nat insurance has paid. Lis | | | | property 0.00 |
| Yes. Fill in the o | roperty you los | stand | Include the amount th | nat insurance has paid. Lis | | | | |
| Yes. Fill in the c | roperty you los | | Include the amount th claims on line 33 of S | nat insurance has paid. Lis | | | | |
| Describe the pr how the loss of | roperty you los ccurred | nts or Tra | Include the amount th claims on line 33 of S | nat insurance has paid. Lis ichedule A/B: Property. | t pending insurance | loss | lost \$ | 0.00 |
| Describe the prinow the loss of the loss o | roperty you los ccurred ain Paymen are you filed f out seeking b | nts or Tra for bankruj bankruptcy | Include the amount th claims on line 33 of S | nat insurance has paid. Lis ichedule A/B: Property. e else acting on your uptcy petition? | t pending insurance | sfer any property | lost \$ | 0.00 |
| Describe the prinow the loss of the loss o | roperty you los ocurred ain Paymen ore you filed to out seeking b ys, bankrupto | nts or Tra for bankruj bankruptcy | Include the amount the claims on line 33 of S nsfers ptcy, did you or anyone or preparing a bankru | nat insurance has paid. Lis ichedule A/B: Property. e else acting on your uptcy petition? | t pending insurance | sfer any property | lost \$ | 0.00 |
| Describe the prinow the loss of the loss o | roperty you los ocurred ain Paymen ore you filed to out seeking b ys, bankrupto | nts or Tra for bankruj bankruptcy | Include the amount the claims on line 33 of S nsfers ptcy, did you or anyone or preparing a bankru | nat insurance has paid. Lis ichedule A/B: Property. e else acting on your uptcy petition? | t pending insurance | sfer any property | lost \$ | 0.00 |
| Describe the prinow the loss of the loss o | ain Payment seeking by ys, bankruptodetails. | nts or Tra for bankruj bankruptcy | Include the amount the claims on line 33 of S nsfers ptcy, did you or anyone or preparing a bankru reparers, or credit counse | nat insurance has paid. Lis ichedule A/B: Property. e else acting on your uptcy petition? | t pending insurance behalf pay or tran vices required in yo | sfer any property | \$to anyone | 0.00 |
| Person Who Was P | ain Paymen re you filed if out seeking by, bankrupto | nts or Tra for bankrup bankruptcy cy petition p | Include the amount the claims on line 33 of S msfers ptcy, did you or anyone or preparing a bankru reparers, or credit counse. Description and value | e else acting on your uptcy petition? | behalf pay or tran | sfer any property ur bankruptcy. Date payment or transfer was | to anyone | 0.00 |
| Describe the prhow the loss of | ain Paymen re you filed if out seeking by, bankrupto | nts or Tra for bankrup bankruptcy cy petition p | Include the amount the claims on line 33 of S msfers ptcy, did you or anyone or preparing a bankru reparers, or credit counse. Description and value | e else acting on your uptcy petition? seling agencies for sen | behalf pay or tran | sfer any property ur bankruptcy. Date payment or transfer was | \$to anyone | 0.00 |
| Describe the prhow the loss of | ain Paymen re you filed if out seeking by, bankrupto | nts or Tra for bankrup bankruptcy cy petition p | Include the amount the claims on line 33 of S msfers ptcy, did you or anyone or preparing a bankru reparers, or credit counse. Description and value | e else acting on your uptcy petition? seling agencies for sen | behalf pay or tran | sfer any property ur bankruptcy. Date payment or transfer was | to anyone | 0.00 |
| Person Who Was Person | ain Paymen re you filed to but seeking by, bankrupto details. Stony Isla. | nts or Tranfor bankruptcy bankruptcy cy petition p | Include the amount the claims on line 33 of S msfers ptcy, did you or anyone or preparing a bankru reparers, or credit counse. Description and value | e else acting on your uptcy petition? seling agencies for sen | behalf pay or tran | sfer any property ur bankruptcy. Date payment or transfer was | to anyone | 0.00 of payment 100.00 |

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| | | P 1 2 0 P 4 | | McDowell | | | | | |
|--|--|--|---|--|--|--|--|--------------------|--------|
| | First Name | Middle Name | Lesi | Name | | | | | |
| Aprilype | en takkenssanssanssanskappalanderskappalanderskappalanderskappalanderskappalanderskappalanderskappalanderskap | t da б томин түрт төбүүүнү үччүү | 'n i betti did skis di distribi se prese germadica. I did s sissi | Description and val | ue of any property | transferred | Date payment or transfer was made | Amoun paymer | |
| | 001Debtorcc | | | Canalit Canalana | | Maringaring and a second of the second | | F-47 | |
| | Person Who Was Paid | | | Credit Counseli | ng | | | ¢ | 14 |
| *** | 372 Summit Av | ∕e | | | | | | \$ | 17 |
| | | | | | | | 100 | ¢ | |
| | | | | | | | *************************************** | Ψ | |
| j č | Jersey City City | NJ State | 07306 ZIP Code | | | | to a filtre management of a contraction of the cont | | |
| | Debtorcc.org Email or website address | s | | - | | | | | |
| ē | Person Who Made the P | ayment, if N | Not You | | | | | | |
| No Ye | o es. Fill in the detail | s. | | Description and value | e of any proposity | ransformed | Determinant | | _ |
| | | | | Description and valu | e or any property t | ransterred | Date payment or transfer was made | Amount o | f payn |
| P | Person Who Was Paid | | | The state of the s | the second of the second of | | | | |
| | | | | | | | | | |
| N | Number Street | | | | | | | \$ | 0. |
| N - | Number Street | | | | | | | \$ \$ | |
| _ ত | Sity 1 2 years before y | State rou filed | ZIP Code for bankrup | tcy, did you sell, trad | le, or otherwise t | ransfer any property | | \$s | 0. |
| thin insfe clude not No | oily 1 2 years before y 1 erred in the ordin 2 both outright trar t include gifts and t | rou filed nary coun nsfers an transfers | for bankrup rse of your b d transfers m | tcy, did you sell, trad pusiness or financial ade as security (such e already listed on this Description and value transferred | affairs? as the granting of s statement. | a security interest or Describe any property or debts paid in excha | to anyone, other that mortgage on your property or payments received ange | | O. |
| thin insfe lude not No Yes | Dity 1 2 years before yerred in the ordine both outright transtanting timeline before gifts and to the contract of the contract include gifts and to the contract of the cont | rou filed nary counsfers an transfers | for bankrup rse of your b d transfers m | pusiness or financial ade as security (such a already listed on this because Description and value | affairs? as the granting of s statement. | a security interest or Describe any property | to anyone, other that mortgage on your property or payments received ange | oerly). Date ti | O. |
| thin nasfe lude not No Yes | oily 1 2 years before y erred in the ordin e both outright trar t include gifts and the s. Fill in the details | rou filed nary counsfers an transfers | for bankrup rse of your b d transfers m | pusiness or financial ade as security (such a already listed on this because Description and value | affairs? as the granting of s statement. | a security interest or Describe any property or debts paid in excha | to anyone, other that mortgage on your property or payments received ange | oerly). Date ti | O. |
| thin nasfe lude not No Yes | erred in the ordine both outright transit include gifts and the serious Fill in the details erron Who Received Transmer Street | rou filed nary counsfers an transfers | for bankrup rse of your b d transfers m | pusiness or financial ade as security (such a already listed on this because Description and value | affairs? as the granting of s statement. | a security interest or Describe any property or debts paid in excha | to anyone, other that mortgage on your property or payments received ange | oerly). Date ti | O. |
| Reserved To the Control of the Contr | erred in the ordine both outright transit include gifts and the serious Fill in the details erron Who Received Transmer Street | rou filed nary counsfers an transfers S. | for bankrup rse of your b d transfers m that you hav | pusiness or financial ade as security (such a already listed on this because Description and value | affairs? as the granting of s statement. | a security interest or Describe any property or debts paid in excha | to anyone, other that mortgage on your property or payments received ange | oerly). Date ti | O. |
| Reserved Per | Dity 1 2 years before y ferred in the ordin be both outright trant t include gifts and the s. Fill in the details erson Who Received Trant umber Street | rou filed nary coun nsfers an transfers s. s. State | for bankrup rse of your to d transfers m that you hav | pusiness or financial ade as security (such a already listed on this because Description and value | affairs? as the granting of s statement. | a security interest or Describe any property or debts paid in excha | to anyone, other that mortgage on your property or payments received ange | oerly). Date ti | O. |
| Repert Per | erson's relationship to | rou filed nary coun nsfers an transfers s. s. State | for bankrup rse of your to d transfers m that you hav | pusiness or financial ade as security (such a already listed on this because Description and value | affairs? as the granting of s statement. | a security interest or Describe any property or debts paid in excha | to anyone, other that mortgage on your property or payments received ange | oerly). Date ti | O. |
| Repert Per | erson Who Received Trainber Street | rou filed nary coul sfers an transfers s. s. state o you | for bankrup rse of your to d transfers m that you hav | pusiness or financial ade as security (such a already listed on this because Description and value | affairs? as the granting of s statement. | a security interest or Describe any property or debts paid in excha | to anyone, other that mortgage on your property or payments received ange | oerly). Date ti | ansfer |

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| btor 1 | Reddrick | <u>L.</u> | McDowell | Case number (## | (nown) | |
|------------------|---|----------------------|---|--|---|---|
| | First Name | Middle Name | Last Name | | | |
| | | | | | | |
| 9. With i | in 10 years befor | re you filed for ban | kruptcy, did you transfer any prope | rty to a self-settled tru | ust or similar device of | which you |
| are a | beneficiary? (T | hese are often calle | d asset-protection devices.) | , | | |
| Z N | lo | | | | | |
| ☐ Y | es. Fill in the deta | ails. | | | | |
| | | | Description and value of the prop | arty transferred | | Doto transfer |
| | | | and the property of the prop | | 14 | Date transfer was made |
| | | | | | | |
| N | ame of trust | | · | | | - |
| | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | *************************************** |
| | | | marker year to a mean surregular programmy and all the control of | Michael Proofite Proofit of the rape is a transmission of the popular transmission of the second section of the sect | e Mandana and consequences for a marrier configuration by the property of the property of the property of the configuration and the | ************************************** |
| art 8: | List Certain | Financial Accou | nts, instruments, Safe Deposit | Boxes, and Storag | ge Units | |
| Withi | n 1 year before | ou filed for bankru | uptcy, were any financial accounts | or instruments held in | your name, or for your | benefit. |
| close | ed, sold, moved, | or transferred? | | | • | · |
| Inclu | de checking, sa | vings, money mark | et, or other financial accounts; cert | ificates of deposit; sh | ares in banks, credit ur | nions, |
| Droke | | ension funds, coop | peratives, associations, and other fi | nancial institutions. | | |
| | o es. Fill in the det | aile | | | | |
| | | | l and d disting all and account accounts | ** | | |
| | | | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance befor closing or transfer |
| 7 | Name of Financial Ins | titution | <u> </u> | _ | | |
| | * | | XXXX | Checking | | \$ <u>0</u> .00 |
| ī | lumber Street | | a. | Savings | | |
| _ | | | _ | Money market | | |
| 7 | City | State ZIP Code | | ☐ Brokerage | | |
| | -ily | State ZIP Code | • | Other | | |
| | | | XXXX- | Checking | | \$ 0.00 |
| Ñ | lame of Financial Inst | itution | | Savings | *************************************** | 4 |
| | Company Change | | | Money market | | |
| N | lumber Street | | | Brokerage | | |
| • | *************************************** | | - | Other | | |
| c | ity | State ZIP Code | | Otriei | | |
| | _ | | | | | _ |
| | u now nave, or c ities, cash, or ot | | 1 1 year before you filed for bankrup | ncy, any sale deposit | out or other depository | , 10I |
| MZ No | | | | | | |
| ☐ Ye | s. Fill in the deta | ails. | | | | |
| | | | Who else had access to it? | Describe th | e contents | Do you still |
| | | | | general de la companya de la company | | have it? |
| | | | | ! | | □ No |
| N | ame of Financial Insti | tution | Name | AAATTATA AAATTATA AAATTATA AAATTATA AAATTATA AAATTATATA AAATTATATATATATATATATATATATATATATATATATA | | ☐ Yes |
| | umbar Otari | | - | : | | 4 1 1 2 |
| N | umber Street | | Number Street | | | į į |
| | | | Ch. Char | : | | |
| Ci | itu | State ZIP Code | City State ZIP Code | i | | |
| | ·· y | Julie LIF Code | | 1 | | 1 |

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| Debtor 1 | Reddrick First Name M | L. | McDowell ast Name | Case number (if known) | |
|-----------------------|--|--|---|---|--|
| 22.Hav ☑ | e you stored proper No | ty in a storage un | it or place other than your home | within 1 year before you filed for bankru | ptcy? |
| | Yes. Fill in the detai | ls. | Who else has or had access to | it? Describe the contents | Do you still have it? |
| | Name of Storage Facility | y | Name | | ☐ No ☐ Yes |
| | Number Street | | Number Street | · | |
| | | The state of the s | City State ZIP Code | | |
| | City | State ZIP Code | • | | į. |
| Part 9 | Identify Pro | perty You Hold | or Control for Someone Els | • | |
| or t | nold in trust for som | | someone else owns? include an | y property you borrowed from, are storir | g for, |
| | No Yes. Fill in the detai | ls. | | | |
| | | | Where is the property? | Describe the property | Value |
| | Owner's Name | | | | \$0.00 |
| | Number Street | | Number Street | | |
| | | | City State | ZIP Code | |
| | City | State ZIP Code | • | air dout | |
| Part 1 | | | mental Information | | |
| Env haza | ardous or toxic subs | ns any federal, sta stances, wastes, c | ite, or local statute or regulation | concerning pollution, contamination, rel surface water, groundwater, or other me ices, wastes, or material. | eases of dium, |
| ≅ Site | means any location | , facility, or prope | | nmental law, whether you now own, opera | ate, or |
| ≅ <i>Haza</i> sub: | ardous material mea stance, hazardous n | ns anything an er aterial, pollutant, | nvironmental law defines as a ha contaminant, or similar term. | zardous waste, hazardous substance, to | xic |
| Report | all notices, releases | , and proceedings | s that you know about, regardles | s of when they occurred. | |
| 24. Has | any governmental u | nit notified you th | at you may be liable or potential | ly liable under or in violation of an enviro | nmental law? |
| | No Yes. Fill in the detail: | | | | |
| ' | | | Governmental unit | Environmental law, if you know it | Date of notice |
| Ñ | ame of site | | Governmental unit | | Water State of the Landson of the La |
| N | lumber Street | | Number Street | | |
| _ | | | City State ZIP Code | | |
| - | | State 7ID Code | · | | |

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| ır 1 | Reddrick | L. | McDowell | Case number (if known) | |
|------------|---|--|---|--|--|
| | First Name Mid | de Name La | st Name | | |
| | | | | | |
| lave | you notified any go | overnmental unit | of any release of hazardous mate | erial? | |
| Z | lo | | | | |
|] Y | es. Fill in the detail | s. | | | |
| | | | Governmental unit | Environmental law, if you know it | Date of notice |
| | | | | | |
| | | | | ; | , |
| | Name of site | | Governmental unit | 1 | |
| | Number Street | | Number Street | | may to the contract of the con |
| | | | | | |
| | # ************************************ | | City State ZIP Code | | |
| | | | ony blate 211 odde | | |
| | City | State ZIP Code | _ | | |
| 3370 | vou boon a narty in | any indialatas a | dminintentina managadina | | |
| | | any judicial of a | ammananva proceeding under s | any environmental law? Include se | ettlements and orders. |
| ÍN | | | | | |
| Y | es. Fill in the details | 3. | | | |
| | | | Court or agency | Nature of the case | Status of the case |
| С | ase title | | | | |
| • | | · · · · · · · · · · · · · · · · · · · | Court Name | | Pending |
| | | | | | On appea |
| _ | | ····· | Number Street | | Conclude |
| | | | | | |
| C | ase number | | City State ZIP C | ode | |
| | | | | • | |
| | A sole proprietor A member of a lim | or self-employed nited liability com | in a trade, profession, or other a pany (LLC) or limited liability par | have any of the following connect activity, either full-time or part-time tnership (LLP) | e |
| | A partner in a part | | | | |
| | | | xecutive of a corporation | | |
| _ | An owner of at lea | ist 5% of the votil | ng or equity securities of a corpo | ration | |
| Ne | o. None of the above | e applies. Go to F | Part 12. | | |
| | | | l in the details below for each bu | siness. | |
| | | | Describe the nature of the busine | ss Employer Iden | tification number |
| Ë | Business Name | 1. | | Do not include | Social Security number or ITIN. |
| | | | | EINI- | |
| 7 | lumber Street | | - 1 | EII4 | - |
| | | | Name of accountant or bookkeep | er Dates busines | s existed |
| - | , | | | | |
| | | | | | |
| _ | | | | From | То |
| ç | City | State ZIP Code | | | |
| ē | City | State ZIP Code | Describe the nature of the busine | ss Employer iden | tification number |
| _ | City Jusiness Name | State ZIP Code | | ss Employer Iden | |
| _ | | State ZIP Code | Describe the nature of the busine | ss Employer Iden | tification number |
| Ē | | State ZIP Code | Describe the nature of the busine | ss Employer iden Do not include EIN: | tification number Social Security number or ITIN. |
| Ē | Jusiness Name | State ZIP Code | Describe the nature of the busine | ss Employer iden Do not include EIN: | tification number Social Security number or ITIN. |
| Ē | Jusiness Name | State ZIP Code | Describe the nature of the busine | EIN: Dates business | tification number Social Security number or ITIN |
| B | lusiness Name lumber Street | State ZIP Code | Describe the nature of the busine | EIN: Dates business | tification number Social Security number or ITIN. |

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| Debtor 1 | Reddrick | L. | McDowell | Case number (#known) |
|--|---|---|--|--|
| | First Name Midd | le Name Last N | ame | |
| | | | Describe the nature of the business | Employer Identification number |
| | Business Name | | | EIN: |
| AND THE STATE OF T | Number Street | | Name of accountant or bookkeeper | Dates business existed |
| | City | State ZIP Code | | From To |
| | | | S CONTRACTOR CONTRACTO | |
| inst | itutions, creditors, or | r other parties. | ccy, did you give a financial statement Date issued | to anyone about your business? Include all financial |
| | Name | | MM / DD / YYYY | |
| | Number Street | | | |
| | ···· | | | |
| | City | State ZIP Code | | |
| Part 1 | 2: Sign Below | | | |
| an: in : | swers are true and co | orrect. I understand nkruptcy case can | of Financial Affairs and any attachment that making a false statement, concersult in fines up to \$250,000, or impr | nts, and I declare under penalty of perjury that the aling property, or obtaining money or property by fraud isonment for up to 20 years, or both. |
| Ý | 711 | ha l | 1 P * | |
| • • | Signature of Debtor 1 | - wyon | Signature of Debtor 2 | |
| Dic | Date 12/1/50/9 I you attach addition | f al pages to <i>Your S</i> i | Dateatement of Financial Affairs for Indivi | duals Filing for Bankruptcy (Official Form 107)? |
| <u> </u> | No Yes | | | |
| | | pay someone who | is not an attorney to help you fill out | pankruptcy forms? |
| 4 | No Yes, Name of person_ | Veronica Eason | | Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). |
| | | | | |

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| Fill in this inf | formation to ider | ntify your case: | | |
|---------------------------------|------------------------|---|-----------------------|--|
| Debtor 1 | Reddrick First Name | Middle Name | McDowell Last Name | |
| Debtor 2 (Spouse, if filing) | | Middle Name | Last Name | |
| United States E | Bankruptcy Court for | the: Northern District | of Illinois | |
| Case number (If known) | | *************************************** | | |
| | | | | |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

List Your Creditors Who Have Secured Claims

| Identify the creditor and the property that is collateral | What do you intend to do with the property that | Did you claim the property | |
|---|--|--|--|
| | secures a debt? | as exempt on Schedule C | |
| Creditor's | ☐ Surrender the property. | ☑ No | |
| name: | Retain the property and redeem it. | ☐ Yes | |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | | |
| | Retain the property and [explain]: | | |
| Creditor's | ☐ Surrender the property. | man v mannen en | |
| name: | Retain the property and redeem it. | Yes | |
| Description of property securing debt: | ☐ Retain the property and enter into a Reaffirmation Agreement. | | |
| | Retain the property and [explain]: | | |
| $\label{eq:condition} \textbf{Creditor's}$ | ☐ Surrender the property. | No | |
| name: | Retain the property and redeem it. | ☐ Yes | |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | | |
| | Retain the property and [explain]: | | |
| Creditor's | ☐ Surrender the property. | ₩ No | |
| name: | Retain the property and redeem it. | ☐ Yes | |
| Description of property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | | |
| | Retain the property and [explain]: | | |

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McDowell Debtor 1 Case number (If known) Part 2: **List Your Unexpired Personal Property Leases** For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Larry Formella ☐ No **☑** Yes Description of leased Apartment Rental property: Lessor's name: ₩ No ☐ Yes Description of leased property: Lessor's name: ₩ No ☐ Yes Description of leased property: Lessor's name: ₩ No Yes Description of leased property: ☑ No Lessor's name: ☐ Yes Description of leased property: ₩ No Lessor's name: Yes Description of leased property: Lessor's name: **☑** No Yes Description of leased property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

Signature of Debtor 2

Statement of Intention for Individuals Filing Under Chapter 7